



Governor's Office on Service and Volunteerism

Martin O'Malley, *Governor*

Anthony G. Brown, *Lt. Governor*

## **2010 AmeriCorps\*State Formula Grant APPLICATION INSTRUCTIONS**

**AmeriCorps Program Operating Grants  
(New Applicants and Existing Grantees)  
AmeriCorps Program Planning Grants**

**Deadline for eGrants Submission to the  
Governor's Office on Service and Volunteerism:**

***April 26, 2010***

**OMB Control #: 3045-0047  
Expiration Date: 5/31/2012**

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## NOTICE FROM THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

These application instructions conform to the Corporation for National and Community Service's (CNCS or the Corporation) on-line grant application system called eGrants. The eGrants system is designed to serve CNCS applicants and grantees. All CNCS funding announcements are posted on the web site [www.nationalservice.gov](http://www.nationalservice.gov) and at [www.grants.gov](http://www.grants.gov).

**Public Burden Statement:** The Paperwork Reduction Act of 1995 requires CNCS to inform all potential persons who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number (See 5 CFR 1320.5(b)(2)(i)).

**Time Burden:** The time required to complete this collection of information is estimated to average 40 hours per applicant. (GOSV Note: this estimate is for submission of the application in eGrants. Program development, budget and evaluation planning, and grant writing will take significantly more time.

**Use of Information:** The information collected constitutes an application to CNCS for grant funding. CNCS evaluates the application and makes funding decisions through its federal grant review and selection process.

**Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow CNCS to assess the applicant's request for funding. In this case, it will not be possible to consider granting funds to the applicant.

**Privacy Act:** Information provided for this collection may be shared with federal, state, and local agencies for law enforcement purposes.



## **NOTICE FROM THE MARYLAND GOVERNOR'S OFFICE ON SERVICE AND VOLUNTEERISM**

### **Authority**

The Governor's Office on Service and Volunteerism (GOSV) acts as the State Service Commission and state funding agency for federal funds awarded by the Corporation for National and Community Service (CNCS) in accordance with the National and Community Service Trust Act of 1990 (42 U.S.C. §§12571-12595) to eligible entities for the purpose of planning or operating an AmeriCorps program.

### **Corresponding Regulations**

These *2010 AmeriCorps Formula Application Instructions* should be read together with the AmeriCorps Regulations, 45 CFR Sections 2520 – 2550, which can be found on the national AmeriCorps website: [http://www.americorps.gov/for\\_organizations/manage/index.asp](http://www.americorps.gov/for_organizations/manage/index.asp).

### **Method of Submission**

Applications to the GOSV for this funding opportunity must be submitted through eGrants, the CNCS on-line grant system. This document includes instructions for entering applications into the eGrants system. All elements of the application should be written and saved as word processing documents by the applicant; once they are finalized (and character limits confirmed), they should then be copied and pasted into the eGrants system by the submission deadline.

The GOSV will provide a technical assistance workshop on grant submission in eGrants on March 26, 2010. New applicants for Maryland AmeriCorps funding are encouraged to attend; register for the session at [www.gosv.state.md.us](http://www.gosv.state.md.us).

### **Universal Identifier**

Applications must include a Dun and Bradstreet Data Universal Numbering System (DUNS) number. The DUNS number is an identifier that helps the federal government to improve statistical reports on federal grants and cooperative agreements. The DUNS number does not replace your Employer Identification Number. DUNS numbers may be obtained at no cost by calling the DUNS number request line at 866-705-5711 or by applying on-line at [www.dnb.com](http://www.dnb.com).

### **Agency Contact**

Inquiries about this funding opportunity should be directed to Kate Scherr, Grants and Resource Officer, Maryland Governor's Office on Service and Volunteerism, [kscherr@gosv.state.md.us](mailto:kscherr@gosv.state.md.us).

## FUNDING OPPORTUNITY DETAIL

Subject to federal appropriations for the Corporation for National and Community Service (CNCS), the Governor's Office on Service and Volunteerism (GOSV) announces the availability of AmeriCorps funding to award to eligible organizations to operate Maryland AmeriCorps programs or conduct planning activities related to potential AmeriCorps program development.

**State Agency Name:** Governor's Office on Service and Volunteerism (GOSV)

**Department:** Executive

**Instrument Type:** Grant

**Funding Opportunity Title:** AmeriCorps\*State Formula Funding

**Posted Date:** February 24, 2010

**Notice of Intent to Apply due date:** N/A

**Application due date:** April 26, 2010 / 5:00 p.m. EST

**Application Submission Format:** Electronic

**Funding Notifications:** The GOSV will announce the results of the AmeriCorps funding competition in June 2010.

**Projected Grant Award Date:** Dependent on federal funding

**Expected Number of Awards:** Dependent on federal funding

**Estimated Total Program Funding:** Dependent on federal funding

**Award Ceiling for Operating Grants:** \$520,000 (40 Member Service Years/MSYs\* maximum allowed)

**Award Floor for Operating Grants:** \$130,000 (10 MSYs minimum required)

**Award for Planning Grants:** \$25,000 (no MSYs)

**Matching Requirement:** Overall match rate which starts at 24% for first three years of a grant and gradually increases beginning in year four to 50% in year 10 according to the match schedule outlined in the AmeriCorps Regulations (§2521.60).

**Minimum Living Allowance for Full-time AmeriCorps Members:** \$11,800.00

**Maximum Federal Cost per Member Service Year (MSY):** \$13,000.00

**\*One MSY is equal to 1,700 AmeriCorps member service hours.**

**Eligible Applicants:** Public or private nonprofit organizations, including labor organizations; faith-based and other community organizations; schools or school districts; institutions of higher education; government entities within states or territories (e.g., cities, counties); Indian Tribes; or partnerships or consortia of the above, including applicants that have never received funding from GOSV or AmeriCorps are eligible to apply. Intermediary organizations intending to re-allocate resources locally are also encouraged to apply for grants described in these *Instructions*. Any organization described in Section 501(c)(4) of the Internal Revenue Code of 1986, 26 U.S.C. 501(c)(4) that engages in lobbying activities is not eligible to apply, serve as a host site for member placements, or act in any type of supervisory role in AmeriCorps programs. An organization that currently operates a CNCS-funded program or is applying for other Corporation funding is an eligible applicant.

The same project cannot be funded by multiple AmeriCorps grants. If you have more than one application pending before GOSV and/or CNCS for the same project, you must state this fact in

each application. You will be required to withdraw all but one if two or more are approved for funding.

**Formula Funding:** The GOSV will conduct a single application process for all AmeriCorps\*State Formula grant applications for 2010. All submitted applications will receive a GOSV staff review, a peer review, and a review and vote by the Governor's Commission on Service and Volunteerism. The staff and peer review processes will assign scores and recommendations to each application. The scores and recommendations will be forwarded to the Governor's Commission on Service and Volunteerism by June 12, 2010. The Commission will vote on the Maryland Formula grant awards to recommend to CNCS no later than July 6, 2010.

## **MARYLAND PRIORITY FUNDING INITIATIVES**

In allocating funding, the GOSV will give special consideration to projects that address one or a combination of the following Maryland priorities, listed below, that meets critical needs of the state, achieve national service goals, and address community problems:

1. Security—projects that reduce violent crime, protect women and children, improve homeland security across the state
2. Skills—projects that create jobs, improve student achievement and skill levels, improve marketable skills of Maryland’s workforce
3. Sustainability—projects that accelerate Chesapeake Bay restoration efforts, increase use of public transportation, decrease electric consumption, increase renewable energy sources, reduce Green-house gas emissions
4. Health—projects that end childhood hunger, reduce infant mortality, expand access to substance abuse treatment

## **NATIONAL PRIORITY FUNDING INITIATIVES**

Applicants should refer to the CNCS *Notice* for national priority areas. The *Notice* can be found at [http://www.nationalservice.gov/pdf/09\\_0918\\_nofa\\_ac.pdf](http://www.nationalservice.gov/pdf/09_0918_nofa_ac.pdf).



## **TIMELINE FOR MARYLAND AMERICORPS\*STATE FORMULA GRANT PROCESS**

February 24, 2010	Release Maryland AmeriCorps*State Formula Grant Application Instructions
February 26, 2010	Call for peer reviewers
March 26, 2010	eGrants technical assistance workshop
April 1, 2010	Peer reviewer applications due to GOSV
April 26, 2010	All applications for funding due to GOSV via eGrants
April 26 – 30, 2010	Application processing by GOSV staff
May 3, 2010	Peer reviewer orientation; distribute grant review packets
May 4 – 20, 2010	GOSV staff and peer reviews
May 21, 2010	Peer consensus review meeting
May 27, 2010	Review report, clarification questions, and required revisions to applicants
June 7, 2010	Revised grants due in eGrants
June 14, 2010	Governor's Commission on Service and Volunteerism meeting and vote on Formula application submission to CNCS
June 25, 2010	Final grants due in eGrants (final revisions completed, if needed)
July 6, 2010	Last date for GOSV Formula application submission to CNCS
Summer 2010	CNCS and GOSV negotiations with applicants; revisions due in eGrants as requested
July - October 2010	Distribution of grant award packets; award date varies depending on CNCS funding and award processes; no AmeriCorps member may be enrolled prior to this award date

## APPLICATION DEADLINE AND SUPPORTING INFORMATION

The deadline for submission to the Governor's Office on Service and Volunteerism (GOSV) for this Formula competition in Maryland is **April 26, 2010, at 5:00 p.m. EST**. Applications must be submitted via eGrants, the CNCS on-line grant system. If there are extenuating circumstances that make this electronic submission impossible, contact the GOSV immediately; arrangements for hard copy submission on or before the deadline may be available. Late applications will not be accepted.

Follow the application structure and instructions provided in this document exactly and completely. Do not submit any supplementary materials such as videos, brochures, letters of support, or any other item not requested in these application instructions. The GOSV will not review or return them.

**You are strongly encouraged to create your eGrants account and begin your application as soon as eGrants allows data to be entered. You should begin pasting your application into eGrants no later than 10 days before the deadline.** This will allow you time to address technical issues prior to the deadline for submission. Technical difficulties with the on-line system may occur, and these can cause lengthy delays for grant applicants.

In case of technical difficulties with eGrants: Contact the eGrants Help Desk at 888-677-7849 (talk to an associate or leave a detailed message) or email [egrantshelp@cns.gov](mailto:egrantshelp@cns.gov) immediately if a problem arises while you are creating your account, preparing, or submitting your application. Be prepared to provide your application ID. If technical issues are preventing you from submitting your application in eGrants by the deadline, you must contact the eGrants Help Desk prior to the April 26, 2010, 5:00 p.m. EST deadline to explain your technical issue and get a ticket number. If your issue cannot be resolved by the deadline, you must continue working with the eGrants Help Desk to submit your application electronically. In addition, send an email to [kscherr@gosv.state.md.us](mailto:kscherr@gosv.state.md.us) to notify the GOSV that you are submitting an application no later than the posted deadline. Attach the narratives and budget narrative as a PDF to the email.

### ***SUPPORTING INFORMATION:***

#### **A. CNCS Notice of Funding Opportunity**

Use the instructions provided in this document in conjunction with the CNCS *Notice of Funds Available (Notice)* for the year in which you are applying. The CNCS *Notice* includes deadlines, eligibility requirements, submission requirements, maximum amount of funding per member service year (MSY), and other information that changes year-to-year, for all AmeriCorps grant programs. One MSY is the equivalent of one full-time term of service for an individual serving in AmeriCorps ("an AmeriCorps member").

The *Notice* can be found at [http://www.americorps.org/for\\_organizations/funding/nofa.asp](http://www.americorps.org/for_organizations/funding/nofa.asp).

## B. CNCS AmeriCorps Regulations

Use the instructions provided in this document in conjunction with the AmeriCorps Regulations, 45 CFR §§ 2520–2550. The AmeriCorps Regulations include the selection criteria used to select applications for funding and other pertinent information (see Table 1, below).

**Table 1: Program Requirements in the AmeriCorps Regulations**

Requirements and Selection	Citation in the AmeriCorps Regulations
Member Service Activities	§2520.20 - §2520.55
Prohibited Activities	§2520.65
Tutoring Programs	§2522.900-2522.950
Matching Funds	§2521.35-2521.90
Member Benefits	§2522.240-2522.250
Calculating Cost Per Member Service Year (MSY)	§2522.485
Performance Measures	§2522.500-2522.650
Evaluation	§2522.500-2522.540 and §2522.700-2522.740
Selection Criteria and Selection Process	§2522.400-2522.475

If there is any inconsistency between the AmeriCorps Regulations, the CNCS *Notice*, and the Application Instructions, the order of precedence is as follows:

1. AmeriCorps Regulations 45 CFR §§ 2520–2550 take precedence over the
2. CNCS *Notice*, which takes precedence over the
3. Application Instructions.

The full AmeriCorps Regulations are available online at [www.gpoaccess.gov/ecfr](http://www.gpoaccess.gov/ecfr).

## **TYPES OF GRANT APPLICATIONS**

### **I. AmeriCorps\*State Formula Program Operating Grant**

Existing Maryland AmeriCorps grantees and agencies that are new to AmeriCorps funding may apply for the Formula Program Operating Grant. Applicants are required to match the federal funds; there are minimum and maximum AmeriCorps participant requirements (10 MSY minimum and 40 maximum for FY10).

#### **Description of AmeriCorps Programs**

This funding supports organizations (Grantees) in implementing programs that recruit and enroll participants, called AmeriCorps members, in full-time or less than full-time service positions that address unmet community needs. The Grantee administers a federally funded stipend to the AmeriCorps members to cover living expenses while they are serving, and certifies the members' eligibility to receive federally funded education awards at the conclusion of their terms of service. The Grantee creates a supportive team-based environment, or individual placements in which the members can perform and reflect upon meaningful direct service that assists individuals in need, or improves the natural or urban environment and strengthens communities.

#### **Description of AmeriCorps Member Benefits**

**Education Award:** Upon completion of a term of service, an AmeriCorps member is entitled to an education award commensurate with the service commitment the member fulfilled. A full-time member earns an award of \$5,350 which can be used to pay educational expenses or to pay existing student loans. The education award is administered by a separate entity, the National Service Trust, and is paid directly to the educational or financial institution. Members have seven years from completion of their terms of service to utilize the education benefit. While a member is serving in AmeriCorps, qualified student loans may be put in Forbearance and the interest may be paid by the Trust. The value of the education benefit is not calculated into the program budget.

**Childcare:** Childcare expenses for income eligible members are paid during a member's term of service. The cost of childcare is not calculated into the program budget.

**Healthcare:** AmeriCorps Grantees must provide healthcare benefits to full-time members who do not already possess healthcare benefits. The healthcare benefits must meet minimum guidelines. Grantees may choose their own healthcare benefit provider; or they can utilize a national provider experienced in administering healthcare benefits for AmeriCorps programs. The cost of member healthcare is calculated into the program budget.

### **II. AmeriCorps Planning Grant**

Applicants new to AmeriCorps funding may apply for a planning grant of up to \$25,000 in order to explore the need for and feasibility of creating an AmeriCorps program to address a particular community need. A planning grant award does not guarantee the applicant will be awarded an operating grant in future funding cycles.

### **III. Other Types of Funding**

**AmeriCorps Education Award Only Grants:** Applicants may include member positions that will not receive a living stipend (“Education Award Only participants”) in their operating program applications. These members must be included in all aspects of program and member development throughout the program year.

**Professional Corps Grants:** Contact the GOSV (410-767-1216) for additional information on professional corps grant opportunities.

## RECOMMENDATIONS FOR WRITING AN AMERICORPS GRANT APPLICATION

Below are some general recommendations to help you present your project in a way the grant reviewers will find compelling and persuasive.

- **Make the reviewer's job easy.** Follow the application instructions and outline exactly. The grant review worksheet and scoring will follow the instructions and outline exactly. Do not change headings or categories. Put the sections in the correct order. If a section does not apply to your application, write N/A.
- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your program description to fit each strategic initiative, special consideration, and priority articulated in the AmeriCorps Regulations or the CNCS *Notice*.
- **Be clear and succinct.** Reviewers are not interested in jargon, boilerplate, rhetoric, or exaggeration. They are interested in learning precisely what you intend to do and how your project responds to the selection criteria presented below.
- **Avoid circular reasoning.** The problem you are addressing should not be described as the lack of the program you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met.
- **Don't make assumptions.** Even if you have received funding from the Corporation or the GOSV in the past, do not assume your reviewers know anything about you, your program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- **Carefully and fully proofread and edit your grant for spelling, grammar, and punctuation.** Poorly written grant applications will receive a lower score in the review process.

## AMERICORPS PROGRAM OPERATING GRANT APPLICATION: GRANT REVIEW AND SELECTION

The grant reviewers will include GOSV staff, members of the Governor's Commission on Service and Volunteerism, AmeriCorps alumni, nonprofit staff, foundation staff, government employees, and other individuals who have knowledge and experience in human and environmental service. The reviewers are a diverse group of professionals; in writing your application, be sure to use language that will be easily and quickly understood by people who are not experts in your particular field or issue area. In evaluating applications for funding, reviewers will assess program design, organizational capability, cost-effectiveness, and budget adequacy. Please see the AmeriCorps Regulations, 45 CFR §§ 2522.420–2522.448, for additional detail regarding these criteria and what reviewers will assess in each category.

**Table 2: Basic Selection Criteria: Categories, Sub-Categories, and Respective Weights**

Category	Percentage	Sub-Categories
Part A: Program Design	50%	Rationale and Approach (10%)
		Member Outputs and Outcomes (20%)
		Community Outputs and Outcomes (20%)
Part B: Organizational Capability	25%	No sub-categories
Part C: Cost-Effectiveness and Budget Adequacy	25%	Cost-Effectiveness (15%)
		Budget Adequacy (10%)

Section 2522.450 of the AmeriCorps Regulations addresses the types of programs or program models that may receive special consideration in the selection process. Section 2522.455 addresses how you can find out about additional priorities governing the selection process. Section 2522.470 addresses other factors or information the Corporation may consider in making funding decisions.

# **AMERICORPS PROGRAM OPERATING GRANT APPLICATION: ELECTRONIC GRANT SUBMISSION COMPONENTS AND INSTRUCTIONS**

**(Minimum Time Required: 40 Hours; this will vary based on the eGrants system status and availability)**

Maryland applicants will submit an electronic application in eGrants to the Governor's Office on Service and Volunteerism (GOSV). The GOSV is identified in eGrants as the Prime Applicant (which means the GOSV submits the completed application directly to the Corporation for National and Community Service). This also means that the GOSV is the recipient of the AmeriCorps\*State Formula grant funds from the Corporation; and Maryland applicants will become sub-grantees of the GOSV if selected for funding in the 2010 – 2011 program year.

In case of technical difficulties with eGrants: Contact the eGrants Help Desk at 888-677-7849 (talk to an associate or leave a detailed message) or email [egrantshelp@cns.gov](mailto:egrantshelp@cns.gov) immediately if a problem arises while you are creating your account, preparing, or submitting your application. Be prepared to provide your application ID. If technical issues are preventing you from submitting your application in eGrants by the deadline, you must contact the eGrants Help Desk prior to the April 26, 2010, 5:00 p.m. EST deadline to explain your technical issue and get a ticket number. If your issue cannot be resolved by the deadline, you must continue working with the eGrants Help Desk to submit your application. In addition, send an email to [kscherr@gosv.state.md.us](mailto:kscherr@gosv.state.md.us) to notify the GOSV that you are submitting an application no later than the posted deadline. Attach the narratives and budget narrative as a PDF to the email.

Your application consists of the components listed below (I – VIII) in the on-line submission system. Please make sure to complete each one fully. There are character limits for several of the sections (identified further in the instructions). Applicants are strongly encouraged to write the application in Word, proof all content thoroughly, conduct spell and grammar checks, and verify character limits before copying and pasting the information into eGrants. From time to time, eGrants has technical failures that cause applications to be lost in part or in full. Creating, editing, and saving in Word will assure that your application will be protected and able to be submitted by the required deadline. Regardless of the status of the eGrants system, no late applications will be accepted by the GOSV.

eGrants Components:

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Performance Measures
- V. Documents
- VI. Budget



VII. Review, Authorize, and Submit

VIII. Survey on Ensuring Equal Opportunity for Applicants (Optional)

In eGrants, before Starting Section I, you will need to:

- Start a new Grant Application
- Select a Program Area (AmeriCorps)
- Select a NOFA (Commission AmeriCorps State Formula FY 2010)
- Select Maryland
- Select the Maryland Prime Application ID

### **I. Applicant Info**

In eGrants, complete the Applicant Info Section (Attachment C). This section is particularly important for Corporation and GOSV data collection and evaluation. Please take the time to reflect your program activities accurately in this section.

- If you are an existing program/grantee, check your contact information carefully and update as necessary.
- If you are a new program, enter your contact information into the fields that appear.
- Select a primary Program Model, and a secondary Program Model, if appropriate.
- Then select characteristics that fit your project under Program Design, Program Location, and Program Focus. Enter or select a Program Director and Program Website URL.

### **II. Application Info**

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet, the standard cover sheet for federal grant applications.

In the Application Info Section enter:

- Areas affected by your proposed AmeriCorps program.
- Requested project period start and end dates.
- You may not request a program start date earlier than September 1. First-time grantees should not expect to start until after September 1.
- If you are delinquent on any federal debt.
- State Application Identifier: Enter N/A.
- State Single Point of Contact: pre-filled “No, this is not applicable.”
- If you plan to request a waiver of the volunteer leveraging or match requirements.

### **III. Narratives**

The Narratives section of the application is your opportunity to show grant reviewers that your project meets the selection criteria. Be sure to include activities of all types of AmeriCorps members you are proposing throughout your Narratives (e.g. include your plans for members who will not receive a living stipend, if applicable).

In eGrants, you will enter text for Section A. Rationale and Approach, B. Member Outputs and Outcomes, C. Community Outputs and Outcomes, D. Organizational Capacity, E. Cost Effectiveness and Budget Adequacy, and F. Evaluation Plan. **You may not exceed 71,000**

**characters in these six sections combined. The character count includes spaces and punctuation.** Draft your grant in Word (or a similar program) and check your character count before you begin pasting the information into eGrants.

Please note that the Narratives section also includes fields for Clarification Information, Amendment Justification, and Continuation Changes. These are not required fields. They will be used to enter information for clarification following review or request amendments once a grant is awarded. Enter N/A in these fields.

The Narratives outline is provided in the next section.

#### **G. Amendment Justification**

Enter N/A. This field will be used if you are awarded a grant and need to amend it. If you are a previous grantee, delete any existing information in this field.

#### **H. Clarification Information**

Enter N/A. This field will be used to enter information that requires clarification in the post-review period. If you are a previous grantee, delete any existing information in this field.

#### **I. Continuation Update**

Enter N/A. This does not apply to the Formula Grant Application.

### **IV. Performance Measures**

#### **A. The 2009 Edward M. Kennedy Serve America Act Priorities**

In eGrants, the Serve America Act Priorities (Education, Healthy Futures, Clean Energy, Veterans, and Opportunity) are listed in the Performance Measures section. If you will be working in one of these areas, please select the appropriate priority area(s).

#### **B. Issue Areas and Service Categories**

In eGrants, the service categories are located in the Performance Measures Section. In this section you will select issue areas and service categories that describe your program activities. First select an issue area, and then choose service categories from the pull down menu. When you have selected all applicable service categories, indicate which service category is the primary and which is the secondary in importance to your program. Only one service category can be indicated as the primary and one as the secondary.

If you have selected the Education, Healthy Futures, or Clean Energy Serve America Act priorities, the appropriate issue area will be selected for you. See Attachment D for the list of Issue Areas and Service Categories.

#### **C. Entering Performance Measures**

The following instructions will guide you through the process of entering information in the fields for the required aligned performance measure. These are also the instructions you will use if you are selected for consideration for a grant.

Before you complete the Performance Measures, please review 45 CFR §§ 2522.500– 2522.650. The Performance Measure worksheet in Attachment E is provided as a tool to help you think through the development of performance measures and assemble the information in eGrants. You may find the Performance Measurement Toolkit, on the Corporation’s web site useful in developing your performance measures (<http://www.nationalserviceresources.org/star/ac-program-toolkit>).

**You are required to align one set of performance measures in your primary service category. In eGrants, you will align the measures by entering two different Result Types and Result Statements for one Performance Measurement Title. The two Result Types are Output and Intermediate Outcome.**

In order to align a set of performance measures in eGrants:

- First select Add Performance Measure in eGrants.
- Enter the Title, the Measure Category, and the Service Category from the pull down menus.
- Enter a sentence or two on Needs and Activities and Result Type.
- For the Output Result Type, enter a Result Statement, Indicators, Targets, Number or Percentage, Instruments, and Performance Measure Statement.
- **Add New Result** for the Intermediate Outcome and complete the pertinent fields.
- **Do not Add New Performance Measure in order to add an Intermediate Outcome for your aligned measure.**

## **V. Documents**

In addition to your application submitted in eGrants, you are required to provide your evaluation, labor union concurrence (if necessary), and a federally approved indirect cost agreement (if budgeted), in hard copy or email, as part of your application. These documents are due to the GOSV by 5:00 p.m. on April 26, 2010. After you have submitted the documents, change their status in eGrants from the default “Not Sent” to the applicable status (“Sent” or “Not Applicable”).

### **A. Evaluation**

Submit any completed evaluation report as described below. Select Evaluation and select “Sent” once you have submitted a completed evaluation report to the GOSV.

### **B. Labor Union Concurrence**

If a program applicant:

- (1) Proposes to serve as the placement site for AmeriCorps members; and
- (2) Has employees engaged in the same or substantially similar work as that proposed to be carried out by AmeriCorps members; and
- (3) Those employees are represented by a local labor organization:  
then the grant application must include the written concurrence of the local labor organization representing those employees.

For the purposes of this section, “program applicant” includes any applicant to the GOSV, as well as any entity applying for assistance or approved AmeriCorps positions through a GOSV grantee or subgrantee.

If this applies to you, please select “Enter New,” name the new document “Labor Union Concurrence,” and enter status Sent.

**C. Federally Approved Indirect Cost Agreement**

Applicants with a federally-approved indirect cost agreement in their budget must submit the approved agreement.

**D. Submission Instructions for Evaluations, Labor Union Concurrence, and Indirect Cost Rates**

You can submit these documents, if required for your application, via email in PDF format or in hard copy form. Email documents to [kscherr@gosv.state.md.us](mailto:kscherr@gosv.state.md.us); the email subject line should be Grant Documents <Your Organization’s Name>.

Send hard copy information to:

The Governor’s Office on Service and Volunteerism  
ATTN: 2010 Grant Application Submission  
301 West Preston Street, 15<sup>th</sup> Floor  
Baltimore, MD 21201

Attach a hard copy of the application SF424 Facesheet to each document.

Documents are due to the GOSV by the application deadline – April 26, 2010, 5:00 p.m. EST.

**E. Pre-Award Costs**

Grantees may be reimbursed for pre-award costs only if they are incurred with the written approval of the Governor’s Office on Service and Volunteerism (GOSV). You incur all pre-award costs at your own risk. The GOSV is under no obligation to reimburse you for these costs if you do not receive advance approval, or if the approved amount is less than anticipated.

To request such approval, send an email request to the GOSV Director at [brenolds@gosv.state.md.us](mailto:brenolds@gosv.state.md.us); the request should include a brief justification for the costs to be incurred and indicate the desired effective date. If your request is approved, the GOSV will issue a letter authorizing the pre-award costs.

The GOSV will consider approving, where appropriate, the following types of pre-award costs:

- Personnel expenses and benefits,
- Travel for staff and prospective members,
- Equipment,
- Supplies,
- Contractual and consultant services,
- Training for staff and prospective members,
- Evaluation,
- Other program operating costs.

Because the Strengthen AmeriCorps Program Act (P.L. 108-45, July 3, 2003), codified as 42 U.S.C. 12605 specifically provides that a national service position is approved when the Corporation issues a grant award, the GOSV cannot approve member living allowances or support costs, including FICA, workers' compensation, health care, and child care, as pre-award costs.

Approval of pre-award costs does not authorize you to enroll AmeriCorps members or have them begin serving. AmeriCorps members may not count any hours served prior to the award being issued (i.e. start date on the CNCS Notice of Grant Award to the GOSV) as part of their terms of service.

## **VI. Budget**

### **A. Overview of Key Budget Requirements**

Program requirements, including requirements for grantee match, are located in the AmeriCorps Regulations, modified by 2008 appropriations language, and summarized below.

**Table 3: Match Requirements in the AmeriCorps Regulations**

<b>Competition</b>	<b>Match Requirement</b>
State and Territory Competitive, States and Territories without Commissions, National Direct, National Professional Corps, Indian Tribes	Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in Year 4 to 50% by the tenth year of funding and any year thereafter.
State and National EAP Fixed-Amount	There are no specific match requirements for fixed-amount grants. Grantees pay all program costs over \$800 per MSY provided by the Corporation.

For AmeriCorps Program Operating Grants:

- The maximum cost per MSY is \$13,000 for Maryland Formula applicants. For example, if you are proposing a program that will engage 20 MSYs, your total CNCS grant share request in your budget cannot exceed \$260,000.
- Equipment costs must not exceed 10% of the total Corporation share.
- Administrative costs must not exceed 5% of the total Corporation funds requested.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are a current/previous grantee, refer to the match schedule for the required grant match for your program.
- The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.
- In Section III of the budget, identify the source and total dollar amount of cash match from private, state and local and federal funds, and the source and total amounts of in-kind support. Define all acronyms the first time they are used.

*Note:* The Corporation's legislation permits the use of non-Corporation federal funds as match for the grantee share of the budget. Please verify that their funds may be used to match an AmeriCorps grant with the other federal agency prior to submitting your application. If your application is approved, the GOSV will require documentation of this verification during the grant period as part of routine fiscal monitoring and grant match documentation.

## **B. Preparing Your Budget**

Your proposed budget should be sufficient to allow you to perform the tasks described in your proposal narrative. Reviewers will consider the information you provide in this section in their assessment of the Cost-Effectiveness and Budget Adequacy selection criterion.

Follow the detailed budget instructions below to prepare your budget. Prepare your budget in the same order as indicated in the Budget Worksheets in Attachment G. The Budget Checklist in Attachment H is a resource for you to ensure your budget is complete. The eGrants system will create the budget and the budget narrative automatically from the detailed budget information you enter. Once you have entered your budget information in eGrants, you will be asked to validate your budget, and eGrants will check your submission for errors. Please be prepared to spend several hours correcting errors and re-validating your eGrants submission; this can be a lengthy process.

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Present the basis for all calculations in the format provided in the GOSV Budget Worksheet.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Please refer to the relevant OMB Circulars on allowable costs for further guidance. The OMB circulars are online at [www.whitehouse.gov/OMB/circulars](http://www.whitehouse.gov/OMB/circulars).

- A-21 - Cost Principles for Educational Institutions, 2 CFR 220
- A-87 - Cost Principles for State, Local, and Indian Tribal Governments, 2 CFR 225
- A-122 - Cost Principles for Nonprofit Organizations, 2 CFR 230

Programs must comply with all applicable federal laws, regulations, and OMB circulars for grant management, allowable costs, and audits, including providing audits to the A-133 clearinghouse if they expend over \$500,000 in federal funds, as required in OMB Circular A-133.

## **Detailed Budget Instructions**

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### **Source of Match**

In the “Source of Match” field that appears before Section I, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available) and Match Source (State/Local, Federal, Private, Other or Not Available). Define any acronyms the first time they are used.

### ***Section I. Program Operating Costs***

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the “Total Amount,” “CNCs Share,” and “Grantee Share” for Parts A-I, as follows:

#### **A. Personnel Expenses**

Under “Position/Title Description,” list each staff position separately and provide position description, salary, and percentage of effort devoted to this project. Each staff person’s role listed in the budget must be described in the application narrative. Because one purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff and AmeriCorps members. You may not charge AmeriCorps staff members’ time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.

#### **B. Personnel Fringe Benefits**

Under “Purpose/Description,” identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker’s Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe amount is over 30%, please list it separately. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item.

#### **C. 1. Staff Travel**

Describe the purpose for which program staff members will travel. Provide a calculation to include itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff (per the GOSV Budget Worksheet). Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage (not to exceed the federal mileage rate of .50/mile for 2010) daily per diem, and similar supporting information. Only domestic travel is allowable.

All applicants should include funds in this line item for travel for AmeriCorps program staff to attend Corporation-sponsored technical assistance meetings. There are two or three such opportunities per year, including opportunities for financial training and the National Conference on Service and Volunteering. The amount of funds will vary, depending on the location of the

AmeriCorps program. Determine the amount that is most realistic for your organization; the GOSV recommends a minimum of \$250 in this line item.

### **C. 2. AmeriCorps Member Travel**

Describe the purpose for which AmeriCorps members will travel. Provide a calculation to include costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

### **D. Equipment**

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in E. Supplies below. Purchases of equipment are limited to 10% of the total Corporation funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

### **E. Supplies**

Include the amount of funds to purchase consumable supplies and materials, including AmeriCorps member service gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. Except for safety equipment, grantees may only charge the cost of member service gear to the federal share if it includes the AmeriCorps logo. Grantees may also add the AmeriCorps logo to their own local program uniform items using federal funds. All safety gear may be charged to the federal share, regardless of whether it includes the AmeriCorps logo. All other service gear must be purchased with non-CNCS funds.

### **F. Contractual and Consultant Services**

Include costs for consultants related to the project's operations, except training or evaluation consultants, who will be listed in Sections G. or H. below. Payments to individuals for consultant services under this grant may not exceed \$617 per day (excluding costs for indirect expenses, travel, supplies, etc.). The \$617 daily rate is a ceiling. Indicate the daily rate for consultants you are proposing to use and their contractual services. Indicate the daily rate, number of days, and total cost. Include a brief (one sentence) description of the type of service to be provided (e.g. member training on working with people with mental illness).

### **G. 1. Staff Training**

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.



## **G. 2. AmeriCorps Member Training**

Include the costs associated with AmeriCorps member training to support them in carrying out their service activities, for example, orientation, project-specific skills such as age-appropriate tutoring, CPR, or ecosystems and the environment. You may also use this section to request funds to support training for members that will prepare them for life after AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.

## **H. Evaluation**

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not budgeted in Personnel Expenses. This cost does not include the daily/weekly gathering of data to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

## **I. Other Program Operating Costs**

Allowable costs in this budget category should include when applicable:

- Background checks of members and grant-funded staff. (Required for all AmeriCorps members, regardless of type of position)
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. For national office space, rental may be unallowable; check relevant OMB Circulars. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, Internet, and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organization's indirect cost/administrative cost allocation pool.
- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.

## ***Section II. AmeriCorps Member Costs***

Member Costs are identified as "Living Allowance" and "Member Support Costs." Your required match can be federal, state, local, or private sector funds.

### **A. Living Allowance**

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time, 1<sup>st</sup> and 2<sup>nd</sup> Years of 2-year half-time) and the amount of living allowance they will receive, allocating appropriate portions between the Corporation's share (CNCS Share) and grantee match (Grantee Share).

Enter the total number of members you are requesting in each category. Enter the average amount of the living allowance for each type of member. If appropriate, enter the number of members for which you are not requesting funds for a living allowance, but for which you request education awards. You will need to include description of these "Education Award Only" members in all aspects of your Narratives.

**Table 4. Minimum and Maximum Living Allowance**

Service Term	Minimum # of Hours	Ed Award	MSY	Minimum Living Allowance	Maximum Total Living Allowance
Full-time	1,700	\$5,350	1.000	\$11,800	\$23,600
One-year Half-time	900	\$2,675	0.500	n/a	\$12,500
Two-year Half-time	900	\$2,675	0.250	n/a	\$12,500
Reduced Half-time	675	\$2,038	0.381	n/a	\$9,370
Quarter-time	450	\$1,415	0.265	n/a	\$6,250
Minimum-time	300	\$1,132	0.212	n/a	\$4,160
<b>Full-time Living Allowance</b>		<b>\$11,800</b>			

### **B. AmeriCorps Member Support Costs**

Consistent with the laws of the states where your members serve, you must provide members with the benefits described below.

- **FICA for Members.** Unless exempted by the IRS with accompanying documentation (note in the narrative and provide documentation with application), all projects must pay FICA for any member receiving a living allowance, even when the Corporation does not supply the living allowance. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker's Compensation.** You are required to pay worker's compensation for AmeriCorps members.
- **Healthcare.** You must offer healthcare benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below you may not pay healthcare benefits to less-than-full-time members with Corporation funds. You may choose to provide healthcare benefits to less-than-full-time members from other sources (i.e., non-federal). Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) are eligible for healthcare benefits. In your budget narrative, indicate the number of members who will receive healthcare benefits. The Corporation will not pay for dependent coverage.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting State Commissions, legal counsel, or the applicable state agencies.

### **Section III. Administrative/Indirect Costs**

#### **Definitions**

Administrative costs are general or centralized expenses of the overall administration of an organization that receives Corporation funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the

organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122.

**Options for Calculating Administrative/Indirect Costs (choose either A. OR B.—You must include one of these.)**

Applicants can choose to use one of two methods to calculate allowable administrative costs – a Corporation fixed percentage method or a federally approved indirect cost rate method.

Regardless of the option chosen, the Corporation's share of administrative costs is limited to 5% of the total Corporation funds **actually expended** under this grant.

**A. Corporation Fixed Percentage Method**

The Corporation fixed rate allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the Corporation Fixed Percentage Method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the Corporation funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

1. To determine the CNCS share for Section III: Multiply the sum of the CNCS funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as CNCS share. The 5% maximum is calculated by multiplying the sum of the CNCS's share of Section I and Section II by the factor 0.0526. The factor 0.0526 is used to calculate the maximum amount of federal funds that may be budgeted for administrative (indirect) costs, rather than 0.0500, as a way to mathematically compensate for determining Section III costs when the total budget (Sections I + II + III) is not yet established. (If 0.0500 were used, the resulting Section III costs would be less than the maximum 5% of total costs that are permitted under the Corporation's Regulations.) Next, you will need to split the total into Corporation Fixed Amount and Commission Fixed Amount.

One-fifth (20%) of the federal dollars budgeted for administrative costs are allocated to the GOSV/Commission share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program's share. Because programs budget the 5% administrative maximum by multiplying the Corporation's share of Section I and Section II costs by the factor 0.0526, the allocation between GOSV/Commission and program shares would be calculated as follows:

Corporation Fixed Amount row in the budget narrative:

$(\text{CNCS Only [Section I]} + [\text{Section II}] \times 0.0526) \times (0.80) = \text{Corporation Fixed Amount}$

Commission Fixed Amount row in the budget narrative:

$(\text{CNCS Only [Section I]} + [\text{Section II}] \times 0.0526) \times (0.20) = \text{Commission Fixed Amount}$

This amount will appear in the CNCS Share column of this row; there should be 0 in the Grantee Share column in this row.

2. To determine the Grantee share for Section III: Then multiply the total (both Corporation and Grantee share) of Sections I and II by 10% (0.10) and enter this amount as the Grantee share for Section III A – Corporation Fixed Amount Grantee Share.

3. Enter the sum of the Corporation and Grantee shares under Total Amount.

### **B. Federally Approved Indirect Cost Rate Method**

If you have a Federally Approved Indirect Cost (IDC) rate and choose to use it, the IDC rate will constitute documentation of your administrative costs including the 5% maximum payable by the Corporation. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee's shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.

2. To determine the Corporation share: Multiply the sum of the Corporation funding share in Sections I and II by 0.0638. This is the maximum amount you can claim as the Corporation share of indirect costs.

3. To determine the Grantee share: Subtract the amount calculated in step b (the Corporation administrative share) from the amount calculated in step a (the Indirect Cost total). This is the amount the applicant can claim as the Grantee share for administrative costs.

### ***Section IV. Increasing Grantee Overall Share of Total Budgeted Costs***

Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum match of 24% for the first three years, and the increasing minimum in years thereafter, are maintained. These matching requirements may be waived in limited circumstances; this is rarely approved.

### **Applying for Alternative Match**

If you are requesting the alternative match as specified in 45 CFR § 2521.60(b), you must demonstrate that your program is either located in a rural county or in a severely economically distressed community as defined below. Also describe the efforts you have taken to raise the resources needed to meet the matching requirements in the Waiver Justification field in the Application Info Section of eGrants.

Please see 45 CFR §§ 2521.35–2521.90, for match and waiver requirements. You apply for the alternative match the year before it goes into effect. If approved, you will base your budget in your next application on the approved alternative match.

- A. Program Location:** Except when approved otherwise, the Corporation will determine the location of your program based on the legal applicant's address. If you believe that the legal applicant's address is not the appropriate way to consider the location of your program, you must provide relevant facts about your program location in your waiver request. The Corporation will, in its sole discretion, determine whether some other address is more appropriate for determining a program's location.
- B. Rural County:** In determining whether a program is rural, the Corporation will consider the most recent Beale code rating published by the U.S. Department of Agriculture for the county in which the program is located. Any program located in a county with a Beale code of 6, 7, 8, or 9 is eligible to apply for the alternative match requirement. See Attachment J for the Table of Beale codes.
- C. Severely Economically Distressed County:** In determining whether a program is located in a severely economically distressed county, the Corporation will consider the following list of county-level characteristics. See Attachment J for a list of website addresses where this publicly available information can be found.
- The county-level per capita income is less than or equal to 75% of the national average for all counties using the most recent census data or Bureau of Economic Analysis data;
  - The county-level poverty rate is equal to or greater than 125% of the national average for all counties using the most recent census data; and
  - The county-level unemployment rate is above the national average for all counties for the previous 12 months using the most recently available Bureau of Labor Statistics data.
  - The GOSV must approve your waiver request before it is forwarded to the Corporation.

## **VII. Review, Authorize, and Submit**

The eGrants system will require you to review and verify your entire application before submitting it to the GOSV (called Prime Applicant in eGrants), by completing the following sections:

- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

Read the Authorization, Assurances, and Certifications carefully, and complete each section. The person who authorizes the application must be the applicant's authorized representative or his/her designee and must have an active eGrants account to sign these documents electronically. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office. Be sure to check your entire application to make sure that there are

no errors before submitting it. EGrants will also generate a list of errors if there are sections that need to be corrected prior to submission when you verify the application.

If someone else is acting in the role of the applicant's authorized representative, that person must log into their eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, his/her name will override any that may appear and show on the application as the authorized representative.

### **VIII. Survey on Ensuring Equal Opportunity for Applicants (Optional)**

The Corporation and other federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives to conduct a survey of organizations that apply for federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to the Corporation for funds, such as number of employees, budget size, and self-identification as a faith-based/religious organization or a non-religious community-based organization.

This form is for applicants that are nonprofit private organizations, not including private universities. All information from the attached survey will be confidential and the responses will be aggregated for a summary report. Information provided on your form will not be released and will not be considered in any way in making funding decisions. If you are submitting a hard copy application, the form can be found in Attachment I.

You may complete the survey while preparing your application or after submitting your application.

1. To complete the survey while preparing your application, go to the Main Menu, select Enter Survey on Ensuring Equal Opportunity, provide requested information and submit.
2. If you submit your grant application without completing the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select Remind Me Later, you will be asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service.

***\*\*End of eGrants Submission Instructions\*\****

# **AMERICORPS PROGRAM OPERATING GRANT APPLICATION INSTRUCTIONS: NARRATIVES OUTLINE**

**(Minimum Time Required: 40 Hours; this will vary significantly based on your level of experience and knowledge of federal grant-writing requirements)**

The Narratives Outline is provided below; there are three broad categories (Program Design, Organizational Capability, and Cost-Effectiveness and Budget Adequacy). Address each item fully and follow the outline exactly. Use the category, section, and sub-section headers; do not include the application questions or other text in your narratives. Write N/A in sections that do not pertain to your proposed AmeriCorps program.

The Narratives section in eGrants is limited to 71,000 characters (with spaces). As you write your grant in Word, check your characters carefully. The character counts in Word and eGrants do not match (eGrants is stricter).

## **CATEGORY PART A: PROGRAM DESIGN (50% of score)**

### **I. Rationale and Approach**

#### **A. Executive Summary (limit to 4,000 characters with spaces):**

Provide an introduction to and an overview of your application that includes all of the following:

- Name and location of Legal Applicant and AmeriCorps Program
- Mission, structure, year(s) founded of Legal Applicant and AmeriCorps Program
- AmeriCorps Program Description: community need, member service, and outcome statement
- Total budget with federal share, applicant/grantee match amount, and match percentage; number and titles of AmeriCorps program staff positions funded by the grant; number and title of AmeriCorps member positions
- Location(s) of member service
- Indicate here if you plan to operate a program in one of the five focus areas identified in the Edward M. Kennedy Serve America Act (Education, Healthy Futures, Clean Energy, Veterans, or Opportunity). For more information on these areas, refer to the CNCS *Notice*.

#### **B. Compelling Community Need:**

In this section, it will be important to describe your community need in terms that are clear to the grant reviewers; please remember that it is possible that the grant reviewers will not be familiar with your agency, community, or issue area. Reviewers will look for the answers to these questions in this section: ‘what is the problem? What is the scale of the problem? How can AmeriCorps resources help address this problem?’

In this section, provide a context for your proposed program. Do not simply list facts, demographics, or other data without an explanation or connection to your program, your AmeriCorps member service, and your proposed measurable outcomes.

1. What community problem(s) will you address with this proposed AmeriCorps program?
2. Why did you select this community need as your focus?
3. How did you identify the need?
4. Provide documentation of the need (cite titles or web links to relevant research articles, Census data, etc.).
5. If your program will operate at multiple locations, provide a description of and source date for the need in each community you propose to serve.

### **C. Description of Activities and Member Roles:**

1. What is your AmeriCorps program structure? Where is your program office?
2. How many AmeriCorps members will serve in your program? Provide a total number and a breakdown of all types of member positions requested (e.g. full-time, part-time, Education Award Only) and their position titles. Be sure the description provided here matches the budget and number of AmeriCorps positions requested in the budget narrative.
3. Where will the members serve? Provide details of all types of member positions requested (e.g. full-time, part-time, Education Award Only) and their position titles.
4. What specific activities will members provide to help solve the community problem you identified above? Describe the activities you propose in vivid terms that are clear to people who are not familiar with your community, your issue, or your field. Provide details of all types of member positions requested (e.g. full-time, part-time, Education Award Only) and their position titles.
5. How will you ensure that your program does not violate non-duplication, non-displacement, and non-supplementation requirements? See 45 CFR § 2540.100 for information on these requirements.
6. How will you ensure that members comply with rules on prohibited service activities? See 45 CFR § 2520.45, 45 CFR § 2520.65 and the AmeriCorps grant provisions for a list of prohibited service activities.

### **D. Primary Measurable Outcome of AmeriCorps Member Service:**

1. In this section, you will provide details from the Performance Measure Worksheet for the primary service activity only; this will be in the Needs and Service Activities Measure Category. If your program design will engage multiple types of member placements, describe only the primary outcome in this section; you will summarize additional outcomes in the next section.
2. What is the title of the AmeriCorps member position? How many members will serve in this position?
3. How many hours and days per week will the members serve?
4. When will the members begin service? What is their end date?
5. Who are the clients/recipients of the member service (e.g. senior citizens at Hampden Senior Center, fifth grade students at Rockledge Elementary School)? How many clients will be served (you must provide a specific number or range here)?
6. What is the primary (i.e. most important) result of the member service? That is, what improvement or change in the lives of the clients or community will occur as a result of



the member service? This result must include a specific target or goal, and it must connect directly to the community need you described in Section B.

7. What evaluation tools will you use to measure the result of the member service?
8. When will the evaluation tools be used?
9. Who will create and administer the evaluation tools, and then collect and analyze the data?
10. What evidence do you have to support the feasibility of this result – how do you know the program will work as described? In this section, cite prior years' results if you have an existing program, credible external research on the program model and service outcomes, etc.

#### **E. Additional Measurable Outcomes of AmeriCorps Member Service:**

Provide summary statements only here for additional program outcomes. These may include AmeriCorps member development, volunteer mobilization, etc. Refer to the Performance Measure Worksheet in Attachment E for the format of the summary statement.

#### **F. Plan for Self-Assessment and Improvement:**

1. What are your plans for continuous program improvement?
2. How will you identify strengths and weaknesses, resolve problems, and gather feedback from and provide feedback to AmeriCorps members, member service location staff, and other community partners?

#### **G. Community Involvement:**

1. For the community need, AmeriCorps member service activities, and measurable outcomes you described above, who are your community partners? Provide specific names of organizations, networks, individuals, etc. in this section.
2. How have your partners participated in the development of this grant application?
3. How will your partners work with you to implement your proposed AmeriCorps program? What will be their ongoing roles and responsibilities? Again, be specific and list each partner by name, and fully describe the ongoing roles and responsibilities.

#### **H. Relationship to other National and Community Service Programs:**

You can find a listing of programs supported by the Corporation for National and Community Service (CNCS) by state here: [http://www.americorps.org/about/role\\_impact/state\\_profiles.asp](http://www.americorps.org/about/role_impact/state_profiles.asp). The National Community Service Act prohibits duplication and displacement in SEC. 177. [42 U.S.C. 12637].

1. What, if any, funding do you receive from CNCS? This includes operating funds as well as service positions (i.e. VISTA positions, RSVPs). What is the total dollar amount of CNCS funds received and the total number, type, and title of CNCS-sponsored service positions?
2. How will your program build on (without duplicating) the services provided by other CNCS-sponsored programs in your area?

3. How will you collaborate with all streams of CNCS service programs (AmeriCorps\*State/National, AmeriCorps\*VISTA, AmeriCorps\*NCCC, Senior Corps, Learn and Serve)?

### **I. Potential for Replication:**

1. To what extent is your AmeriCorps program designed to be replicated by your organization or other organizations?
2. What are your plans or strategies for replication?

## **II. AmeriCorps Member Outputs and Outcomes**

### **A. AmeriCorps Member Recruitment and Selection:**

1. What is the start date for your AmeriCorps program (first day members will serve)?
2. For each type of AmeriCorps member position requested, what specific criteria will you use to select your members, including specific qualifications, professional characteristics, or backgrounds?
3. What specific steps will you take to recruit candidates with these qualifications and to fully utilize all AmeriCorps member positions requested in this grant application?
4. What is your timeline for member recruitment?
5. How will your recruitment plan ensure that your corps is diverse and includes members from the communities to be served?
6. How will you screen candidates and select individuals to serve as AmeriCorps members in your program (e.g. written application, in-person interview, three professional reference checks, etc.)?
7. Criminal Background Checks: Be sure to include time and funds to conduct criminal background checks on all AmeriCorps members and program staff to be funded or supported by this grant application. See the Serve America Act Provisions ([www.nationalservice.gov/about/serveamerica/index.asp](http://www.nationalservice.gov/about/serveamerica/index.asp)) for more information on this requirement. It applies to all member placements (full-time, part-time, Education Award Only, etc.).
8. Current Grantees Only – Enrollment: If you enrolled less than 100 percent of the AmeriCorps slots received during your current and/or last full year of program operation, provide an explanation, and provide a specific and detailed plan for improvement. What will you do differently or better to fully enroll?
9. Current Grantees Only – Retention: If you were not able to retain all of your AmeriCorps members during your current and/or last full year of program operation, provide an explanation, and provide a specific and detailed plan for improvement. What will you do differently or better to fully retain your members?
10. Tutoring Programs Only: Describe how your strategy for recruiting and selecting members complies with AmeriCorps requirements for member tutoring qualifications. Members who tutor must have a high school diploma and successfully complete high-quality, research-based pre- and in-service training for tutors. This requirement does not apply to a member enrolled in an elementary school or secondary school who is providing tutoring through a structured, school-managed cross-grade tutoring program.

Tutoring programs must offer a curriculum that is high quality, research-based, and consistent with the state academic content standards required by section 1111 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311) and the instructional program of the local educational agency.

### **B. AmeriCorps Member Training and Development:**

Central to any AmeriCorps program is a deliberate, continuous, and effective plan for providing pre- and in-service training and development for all AmeriCorps members. This AmeriCorps ‘member development’ is the hallmark of an AmeriCorps program. In this section, be sure to separately describe your general orientation of AmeriCorps members and the job-specific training you will provide so that each member will be able to successfully perform the required duties outlined in his/her member contract.

1. AmeriCorps Program Orientation: How will you orient your AmeriCorps members to your agency, community, and AmeriCorps/national service?
2. On-Site Orientation: If your AmeriCorps members will serve in multiple locations or placement sites, how will you orient them to each location, community, agency, etc.?
3. Pre-Service Training: How will you train members to perform all the duties required in their member contracts so that they will successfully complete their terms of service?
4. In-Service/On-Going Training: How will continue to provide opportunities for members to develop knowledge and skills related to their AmeriCorps service during their terms?
5. What is the timeline for the orientation and training activities described above?
6. Who will provide the orientation and training described above?
7. What curricula or materials will you use?
8. How and when will your training program provide structured opportunities for members to reflect on and learn from their service in order to promote a life-long ethic of service and civic responsibility?
9. How will you assess member satisfaction during the term of service?
10. Tutoring programs only: Describe how your strategy for training members complies with AmeriCorps requirements for member tutor training that is high quality and research based, consistent with the instructional program of the local agency and with state academic content standards, includes appropriate member supervision by individuals with expertise in tutoring, and provides specialized pre-service and in-service training consistent with the activities the member will perform.

### **C. AmeriCorps Member Supervision:**

A key component of strong AmeriCorps member development during the term of service is an effective supervision plan – both by the AmeriCorps program staff (dedicated and funded with the AmeriCorps grant) and by the local host or service site staff where the AmeriCorps members may work on a daily basis.

1. Who will supervise all AmeriCorps members requested in this grant application? Provide specific job titles of supervising staff and names if available, and include supervision details for all types of member positions (full-time, part-time, Education Award Only, etc.).

2. How will you ensure all members will receive adequate support and guidance throughout their terms of service so that they will successfully complete their terms?
3. How will you evaluate member performance during the term of service?
4. How will you recognize members for positive performance or accomplishments?
5. How will you correct members who are not meeting the requirements of their contracts or successfully fulfilling their duties?

### **III. Community Outputs and Outcomes**

#### **A. Sustainability:**

The investment of AmeriCorps funds and AmeriCorps member service is meant to be a limited investment of government resources with a finite start and end date. In this section, outline your plans for ensuring that the impact of your AmeriCorps program in the community is sustainable beyond the presence of federal support.

1. How will your community relationships lead to community investment in the program's continued operation?
2. How will you diversify your funding sources to include a wide range of stakeholders (such as state, local, and private sector funding)?
3. What are your strategies for recruiting and supporting volunteers to sustain AmeriCorps member activities, if appropriate, after your AmeriCorps grant ends?
4. How will your community maintain your project or service once the AmeriCorps members complete their terms of service?

#### **B. Volunteer Recruitment and Support:**

Whenever possible, AmeriCorps programs and members must engage community volunteers in service activities. The effective recruitment and support of community volunteers is an important piece of sustaining the project after the AmeriCorps grant ends and the AmeriCorps members complete their terms of service. Note this section refers to non-stipended traditional community volunteers (i.e. not AmeriCorps members).

1. How will your program engage community volunteers in your service activities?
2. How will you recruit, support, and recognize volunteers?
3. How many volunteers do you expect to recruit and how many hours of service will they provide, in total and on average?
4. Will these volunteers be episodic (committing to one-time or occasional events) or ongoing (committing to a regular, ongoing role in the program)?
5. What role will your AmeriCorps members play in your community volunteer recruitment and support efforts?

#### **C. Capacity Building:**

Strong AmeriCorps programs work within a network of other organizations and institutions to address a critical community need, and the investment of AmeriCorps resources is meant to both provide services to meet the community need and to strengthen the capacity of organizations over time to continue to meet needs beyond the presence of federal resources.

1. How will your program enhance the capacity of other organizations and institutions important to the community, such as schools, homeland security organizations, neighborhood watch organizations, civic associations, and community organizations, including faith-based organizations?
2. What roles will AmeriCorps members play in your capacity-building activities?

**CATEGORY PART B: ORGANIZATIONAL CAPABILITY (25% of score)**

**IV. Organizational Capability**

In the following sections, describe your organization's ability to implement the proposed AmeriCorps program. Provide details on host site or parent organization resources available to fulfill the goals outlined in this grant application.

**A. Sound Organizational Structure:**

1. Ability to Provide Sound Programmatic and Fiscal Oversight:
  - a. Provide a brief history and description of your organization including the year your organization was established.
  - b. What is your total operating budget? How many staff work at your organization?
  - c. How does your organization conduct on-going evaluation and improvement of its overall systems, structure, staffing, and other capacities to ensure that it remains sound and well managed?
  - d. What is your organization's experience in the proposed areas of activity and experience operating and overseeing a program comparable to the one proposed in this grant application? Include specific examples of your prior accomplishments and outcomes.
  - e. What experience does your organization have managing federal grants and/or programs? Provide details of total federal dollars managed, staffing structure, and existing fiscal systems.
2. Multi-Placement Service Site Model: The following questions pertain to programs that will partner with other nonprofit or government agencies to host AmeriCorps members during the term of service. The cultivation, training, and monitoring of local service sites is an important piece of a sound AmeriCorps program. Write N/A here if this section does not apply to your proposed AmeriCorps program structure.
  - a. How many sites will you work with during the program year? Of these, how many of these sites will be new to your program?
  - b. How will you recruit and select new sites?
  - c. How will your site selection process incorporate the criteria required by the AmeriCorps regulations 45 CFR § 2522.475 (quality, innovation, sustainability, quality of leadership, past performance, community involvement), and the special considerations found in 45 CFR § 2522.450 (program models, program activities, and programs supporting distressed communities)?

- d. Where will the sites be located?
- e. How will you ensure sites have adequate programmatic and financial capabilities to support AmeriCorps members?
- f. How will you train site staff on the requirements of AmeriCorps member supervision and program compliance?
- g. How will you monitor the sites throughout the year?
- h. What is your timeline for service site recruitment, selection, training, and monitoring?

3. Board of Directors, Administrators, and Staff:

- a. What is your organization's management and staff structure? How will the board of directors (if applicable), administrators, and staff members support the proposed AmeriCorps program?
- b. Who are the Identify the key program and fiscal positions responsible for your proposed program? What relevant background and experience do the staff members have working on the project and in their respective roles?
- c. Do you plan to recruit, select, train, and support additional staff to fulfill the goals of the proposed AmeriCorps program? If so, what position(s) will you hire and how will the staff support the AmeriCorps program?

**B. Sound Record of Accomplishment as an Organization:**

- 1. Volunteer Generation and Support: How does your organization recruit and support a diverse group of non-stipended community volunteers to increase your own organizational capacity?
- 2. Organizational and Community Leadership: How has your organization demonstrated leadership in the community you serve? For example, describe awards received by the organization or individuals within the organization, public positions of leadership such as staff serving on other community boards, or participation in community events, task forces, and other community activities.
- 3. Current Grantees Only – Success in Securing Match Resources: What is the total value of match resources raised over the last three years (or less for newer programs)? Be sure to include cash match and in-kind resources acquired. What were the sources of the match? How have cash and in-kind match raised continued over time, expanded in scope, increased in amount, or become more diverse?

**C. Success in Securing Community Support:**

- 1. Partnerships: What additional partnerships have you developed to increase the quality and reach of services you provide? What roles have community organizations, including faith-based organizations, played in these partnerships?
- 2. Wide Range of Community Stakeholders: Who are your community stakeholders? How has non-financial support from your community stakeholders continued over time, expanded in scope, increased in amount, or become more diverse?

3. **Special Circumstances:** In applying the organizational capability criteria to each grant application, reviewers may also take into account the following circumstances of individual organizations: (1) the age of your organization and its rate of growth; and (2) whether your organization serves a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of philanthropic and corporate resources.

If you feel that either of the circumstances stated above have an impact on your organizational capability that has not already been discussed, please describe the circumstance and how it affects your organizational capacity.

**CATEGORY PART C: COST-EFFECTIVENESS AND BUDGET ADEQUACY (25% of score)**

**V. Cost Effectiveness and Budget Adequacy**

**A. Cost Effectiveness – Corporation Cost Per Member Service Year (MSY):**

The Corporation cost per MSY is determined by dividing the Corporation's share of budgeted grant costs by the number of MSYs you are requesting in your grant. It does not include childcare or the cost of the education award. One MSY is equivalent to at least 1,700 service hours, a full-time one-year AmeriCorps position. The Corporation cost per MSY will be automatically calculated once you enter your budget in eGrants. The maximum cost per MSY allowable is published each year in the CNCS *Notice*; the 2010 maximum cost per MSY is \$13,000 for Maryland Formula grant applicants. Cost effectiveness will be evaluated by analyzing cost per MSY in relation to your program design.

What is your Corporation cost per MSY?

**B. Diverse Non-Federal Support:**

1. How will your program obtain diverse non-federal resources for AmeriCorps program implementation and sustainability?
2. What non-Corporation resource commitments (in-kind and cash) have you obtained to support this grant application? What additional commitments do you plan to secure, and how will you secure them? In the budget, you must list the sources of your match funds.
3. **Current Grantees Only – Decreased Reliance on Federal Support:** Describe the extent to which you are increasing your share of costs to meet or exceed program goals (provide specific numbers), or the extent to which you are proposing deeper impact or broader reach without a commensurate increase in federal costs (provide specific increases, communities served, etc).

**C. Budget Adequacy:**

In this section, provide a full description of your major budgeted items; note that grant reviewers other than GOSV staff will not receive or review your budget form or budget narrative. The

information provided in this section will be the only material they have to score your application; 25% of the application score is for budget adequacy.

1. How will your budget support your program design and activities?
2. How is your budget linked to your desired outputs and outcomes?

**D. AmeriCorps Program Evaluation Requirement:**

Your evaluation requirements are different depending on the amount of your AmeriCorps grant, as described in the AmeriCorps Regulations, Section 2522.710:

- If your average annual Corporation program grant is \$500,000 or more, you must arrange for an independent evaluation of your program, and you must submit the evaluation with any application for funds as required in §2522.730 of this subpart.
- If your average annual Corporation program grant is less than \$500,000, or you are an Education Award Program grantee, you must conduct an internal or an external evaluation of your program, and you must submit the evaluation with any application to the Corporation for competitive funds as required in §2522.730 of this subpart.

Submit, as appropriate, your most recent evaluation report with your grant application. Send the report as a PDF attachment to [kscherr@gosv.state.md.us](mailto:kscherr@gosv.state.md.us); the subject line of the email should be Evaluation <Your Organization's Name>. The report is due by 5:00 p.m. EST on April 26, 2010. Be sure that the report is formatted to include your organization's name and page numbers.

***\*\*End of AmeriCorps Program Operating Grant Narratives Instructions\*\****



## **AMERICORPS PROGRAM PLANNING GRANT APPLICATION: GRANT REVIEW AND SELECTION**

The grant reviewers will include GOSV staff, members of the Governor’s Commission on Service and Volunteerism, AmeriCorps alumni, nonprofit staff, foundation staff, government employees, and other individuals who have knowledge and experience in human and environmental service. The reviewers are a diverse group of professionals; in writing your application, be sure to use language that will be easily and quickly understood by people who are not experts in your particular field or issue area. In evaluating applications for planning grants, reviewers will assess rationale and approach, organizational capability, cost-effectiveness, and budget adequacy. Please see the AmeriCorps Regulations, 45 CFR §§ 2522.420–2522.448, for additional detail regarding these criteria and what reviewers will assess in each category.

### **Selection Criteria: Categories, Sub-Categories, and Respective Weights – Planning Grants**

<b>Category</b>	<b>Percentage</b>	<b>Sub-Categories</b>
Part A: Program Design	50%	Rationale and Approach (50%)
		Member Outputs and Outcomes (N/A)
		Community Outputs and Outcomes (N/A)
Part B: Organizational Capability	25%	No sub-categories
Part C: Cost-Effectiveness and Budget Adequacy	25%	Cost-Effectiveness (15%)
		Budget Adequacy (10%)

## **AMERICORPS PROGRAM PLANNING GRANT APPLICATION: ELECTRONIC GRANT SUBMISSION COMPONENTS AND INSTRUCTIONS**

Maryland applicants will submit an electronic application in eGrants to the Governor's Office on Service and Volunteerism (GOSV). The GOSV is identified in eGrants as the Prime Applicant (which means the GOSV submits the completed application directly to the Corporation for National and Community Service). This also means that the GOSV is the recipient of the AmeriCorps\*State Formula grant funds from the Corporation; and Maryland applicants will become sub-grantees of the GOSV if selected for funding in the 2010 – 2011 program year.

In case of technical difficulties with eGrants: Contact the eGrants Help Desk at 888-677-7849 (talk to an associate or leave a detailed message) or email [egrantshelp@cns.gov](mailto:egrantshelp@cns.gov) immediately if a problem arises while you are creating your account, preparing, or submitting your application. Be prepared to provide your application ID. If technical issues are preventing you from submitting your application in eGrants by the deadline, you must contact the eGrants Help Desk prior to the April 26, 2010, 5:00 p.m. EST deadline to explain your technical issue and get a ticket number. If your issue cannot be resolved by the deadline, you must continue working with the eGrants Help Desk to submit your application. In addition, send an email to [kscherr@gosv.state.md.us](mailto:kscherr@gosv.state.md.us) to notify the GOSV that you are submitting an application no later than the posted deadline. Attach the narratives and budget narrative as a PDF to the email.

Your application consists of the following components in the on-line submission system. Please make sure to complete each one fully as appropriate for the planning grant application (several sections do not apply). There are character limits for several of the sections (identified further in the instructions); applicants are strongly encouraged to write the application in Word, proof all content thoroughly, conduct spell and grammar checks, and verify character limits before copying and pasting the information into eGrants. From time to time, eGrants has technical failures that cause applications to be lost in part or in full. Creating, editing, and saving in Word will assure that your application will be protected and able to be submitted by the required deadline. Regardless of the status of the eGrants system, no late applications will be accepted by the GOSV.

### **eGrants Components:**

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Performance Measures
- V. Documents
- VI. Budget
- VII. Review, Authorize, and Submit
- VIII. Survey on Ensuring Equal Opportunity for Applicants (Optional)

In eGrants, before Starting Section I, you will need to:

- Start a new Grant Application
- Select a Program Area (AmeriCorps)
- Select a NOFA (Commission AmeriCorps State Formula FY 2010)
- Select Maryland
- Select the Maryland Prime Application ID

### **I. Applicant Info**

In eGrants, complete the Applicant Info Section (Attachment B). This section is particularly important for Corporation and GOSV data collection and evaluation. Please take the time to reflect your program activities accurately in this section.

- Enter your contact information into the fields that appear.
- Select a primary Program Model, and a secondary Program Model, if appropriate.
- Then select characteristics that fit your project under Program Design, Program Location, and Program Focus. Enter or select a Program Director and Program Website URL.

### **II. Application Info**

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet, the standard cover sheet for federal grant applications.

In the Application Info Section enter:

- Program/Title (include this on Facesheet, 11.a): PLANNING GRANT <Your Organization's Name>
- Areas affected by your proposed AmeriCorps program.
- Requested project period start and end dates. For planning grantees, the project dates are **September 15, 2010 – August 31, 2011**.
- If you are delinquent on any federal debt.
- State Application Identifier: Enter N/A.
- State Single Point of Contact: pre-filled "No, this is not applicable."
- If you plan to request a waiver of the volunteer leveraging or match requirements.

### **III. Narratives (40,000 character limit, with spaces)**

The Narratives outline is provided in the next section.

#### **Amendment Justification**

Enter N/A.

#### **Clarification Information**

Enter N/A.

#### **Continuation Update**

Enter N/A.

#### **IV. Performance Measures**

##### **Entering Performance Measures**

Performance measures are not required for planning grants. Please enter Service Categories, and then enter N/A or 0 in the fields for one aligned performance measure, which is required in order to submit the application. Otherwise, eGrants will continue to give error messages and prevent submission.

#### **V. Documents**

##### **A. Evaluation**

N/A

##### **B. Labor Union Concurrence**

N/A

##### **C. Federally-Approved Indirect Cost Agreement**

Applicants with a federally-approved indirect cost agreement in their budget must submit the approved agreement.

##### **D. Submission Instructions for Evaluations, Labor Union Concurrence, and Indirect Cost Rates**

You can submit the federally-approved indirect cost agreement, if required for your application, via email in PDF format or in hard copy form. Send an email to [kscherr@gosv.state.md.us](mailto:kscherr@gosv.state.md.us); the subject line should be Grant Attachment <Your Organization's Name>. Send hard copy information to:

The Governor's Office on Service and Volunteerism  
ATTN: 2010 Grant Application Submission  
301 West Preston Street, 15<sup>th</sup> Floor  
Baltimore, MD 21201

Attach a hard copy of the application SF424 Facesheet to the document.

Documents are due to the GOSV by the application deadline – April 26, 2010, 5:00 p.m. EST.

##### **F. Pre-Award Costs**

N/A

## **VI. Budget**

### **A. Overview of Key Budget Requirements**

Program requirements, including requirements on match, are located in the AmeriCorps Regulations, modified by 2008 appropriations language, and summarized below.

**Table 3: Match Requirements in the AmeriCorps Regulations**

<b>Competition</b>	<b>Match Requirement</b>
State and Territory Competitive, States and Territories without Commissions, National Direct, National Professional Corps, Indian Tribes	Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in Year 4 to 50% by the tenth year of funding and any year thereafter.
State and National EAP Fixed-Amount	N/A for this grant application

- Equipment costs must not exceed 10% of the total Corporation share.
- Administrative costs must not exceed 5% of the total Corporation funds requested.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III).
- The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.
- In Section III of the budget, identify the source and total dollar amount of cash match from private, state and local and federal funds, and the source and total amounts of in-kind support. Define all acronyms the first time they are used.

*Note:* The Corporation's legislation permits the use of non-Corporation federal funds as match for the grantee share of the budget. Please verify that their funds may be used to match an AmeriCorps grant with the other federal agency prior to submitting your application. If your application is approved, the GOSV will require documentation of this verification during the grant period as part of routine fiscal monitoring and grant match documentation.

## **B. Preparing Your Budget**

Your proposed budget should be sufficient to allow you to perform the tasks described in your proposal narrative. Reviewers will consider the information you provide in this section in their assessment of the Cost-Effectiveness and Budget Adequacy selection criteria.

Follow the detailed budget instructions below to prepare your budget. Prepare your budget in the same order as indicated in the Budget Worksheet in Attachment G. The Budget Checklist in Attachment H is a resource for you to ensure your budget is complete. The eGrants system will create the budget and the budget narrative automatically from the detailed budget information you enter. Once you have entered your budget information in eGrants, you will be asked to validate your budget, and eGrants will check your submission for errors. Please be prepared to spend several hours correcting errors and re-validating your eGrants submission; this can be a lengthy process.

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Present the basis for all calculations in the format provided in the GOSV Budget Worksheet.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Please refer to the relevant OMB Circulars on allowable costs for further guidance. The OMB circulars are online at [www.whitehouse.gov/OMB/circulars](http://www.whitehouse.gov/OMB/circulars).

- A-21 - Cost Principles for Educational Institutions, 2 CFR 220
- A-87 - Cost Principles for State, Local, and Indian Tribal Governments, 2 CFR 225
- A-122 - Cost Principles for Nonprofit Organizations, 2 CFR 230

Programs must comply with all applicable federal laws, regulations, and OMB circulars for grant management, allowable costs, and audits, including providing audits to the A-133 clearinghouse if they expend over \$500,000 in federal funds, as required in OMB Circular A-133.

### **Detailed Budget Instructions**

*These instructions below have been edited for AmeriCorps Program Planning Grant Applicants.*

#### **Source of Match**

In the “Source of Match” field that appears before Section I, enter a brief description of the Source of Match, the amount, the match classification (Cash, In-kind, or Not Available) and Match Source (State/Local, Federal, Private, Other or Not Available). Define any acronyms the first time they are used.

#### ***Section I. Program Operating Costs***

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the “Total Amount,” “CNCS Share,” and “Grantee Share” for Parts A-I, as follows:

**A. Personnel Expenses**

Under “Position/Title Description,” list each staff position separately and provide position description, salary, and percentage of effort devoted to this award. Each staff person’s role listed in the budget must be described in the application narrative. Because one purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff and AmeriCorps members. You may not charge AmeriCorps staff members’ time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.

**B. Personnel Fringe Benefits**

Under “Purpose/Description,” identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker’s Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe amount is over 30 percent, please list it separately. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item.

**C. 1. Staff Travel**

Describe the purpose for which program staff members will travel. Provide a calculation to include itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff (per the GOSV Budget Worksheet). Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage (not to exceed the federal mileage rate of .50/mile for 2010) daily per diem, and similar supporting information. Only domestic travel is allowable.

**C. 2. AmeriCorps Member Travel**

N/A for planning grant applicants

**D. Equipment**

N/A

**E. Supplies**

Include the amount of funds to purchase consumable supplies and materials. You must individually list any single item costing \$1,000 or more.

**F. Contractual and Consultant Services**

Include costs for consultants related to the project’s operations, except training or evaluation consultants, who will be listed in Sections G. or H. below. Payments to individuals for consultant services under this grant may not exceed \$617 per day (excluding costs for indirect expenses, travel, supplies, etc.). The \$617 daily rate is a ceiling. Indicate the daily rate for consultants you are proposing to use and their contractual services. Indicate the daily rate,

number of days, and total cost. Include a brief (one sentence) description of the type of service to be provided. Note: costs for fundraising are not allowable.

### **G. 1. Staff Training**

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.

### **G. 2. AmeriCorps Member Training**

N/A for planning grant applicants

### **H. Evaluation**

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not budgeted in Personnel Expenses.

### **I. Other Program Operating Costs**

Allowable costs in this budget category should include when applicable: utilities, telephone, Internet, and similar expenses that are specifically used for the grant-funded activities.

### ***Section II. AmeriCorps Member Costs***

N/A

#### **A. Living Allowance**

N/A

#### **B. AmeriCorps Member Support Costs**

N/A

### ***Section III. Administrative/Indirect Costs***

#### **Definitions**

Administrative costs are general or centralized expenses of the overall administration of an organization that receives Corporation funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122.

#### **Options for Calculating Administrative/Indirect Costs (choose either A. OR B.—You must include one of these.)**

Applicants can choose to use one of two methods to calculate allowable administrative costs – a Corporation fixed percentage method or a federally approved indirect cost rate method.



Regardless of the option chosen, the Corporation's share of administrative costs is limited to 5% of the total Corporation funds **actually expended** under this grant.

#### **A. Corporation Fixed Percentage Method**

The Corporation fixed rate allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the Corporation Fixed Percentage Method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the Corporation funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

1. To determine the CNCS share for Section III: Multiply the sum of the CNCS funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as CNCS share. The 5% maximum is calculated by multiplying the sum of the CNCS's share of Section I and Section II by the factor 0.0526. The factor 0.0526 is used to calculate the maximum amount of federal funds that may be budgeted for administrative (indirect) costs, rather than 0.0500, as a way to mathematically compensate for determining Section III costs when the total budget (Sections I + II + III) is not yet established. (If 0.0500 were used, the resulting Section III costs would be less than the maximum 5% of total costs that are permitted under the Corporation's Regulations.) Next, you will need to split the total into Corporation Fixed Amount and Commission Fixed Amount.

One-fifth (20%) of the federal dollars budgeted for administrative costs are allocated to the GOSV/Commission share and four-fifths (80%) of the federal dollars budgeted for administrative costs are allocated to the program's share. Because programs budget the 5% administrative maximum by multiplying the Corporation's share of Section I and Section II costs by the factor 0.0526, the allocation between GOSV/Commission and program shares would be calculated as follows:

Corporation Fixed Amount row in the budget narrative:

$(\text{CNCS Only [Section I]} + [\text{Section II}] \times 0.0526) \times (0.80) = \text{Corporation Fixed Amount}$

Commission Fixed Amount row in the budget narrative:

$(\text{CNCS Only [Section I]} + [\text{Section II}] \times 0.0526) \times (0.20) = \text{Commission Fixed Amount}$

This amount will appear in the CNCS Share column of this row; there should be 0 in the Grantee Share column in this row.

2. To determine the Grantee share for Section III: Then multiply the total (both Corporation and Grantee share) of Sections I and II by 10% (0.10) and enter this amount as the Grantee share for Section III A – Corporation Fixed Amount Grantee Share.

3. Enter the sum of the Corporation and Grantee shares under Total Amount.

#### **B. Federally Approved Indirect Cost Rate Method**

If you have a Federally Approved Indirect Cost (IDC) rate and choose to use it, the IDC rate will constitute documentation of your administrative costs including the 5% maximum payable by the Corporation. Specify the Cost Type for which your organization has current documentation on

file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee's shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.

2. To determine the Corporation share: Multiply the sum of the Corporation funding share in Sections I and II by 0.0638. This is the maximum amount you can claim as the Corporation share of indirect costs.

3. To determine the Grantee share: Subtract the amount calculated in step b (the Corporation administrative share) from the amount calculated in step a (the Indirect Cost total). This is the amount the applicant can claim as the Grantee share for administrative costs.

#### ***Section IV. Increasing Grantee Overall Share of Total Budgeted Costs***

N/A for planning grant applicants

#### **Applying for Alternative Match**

N/A for planning grant applicants

**D. Program Location:** N/A

**E. Rural County:** N/A

**F. Severely Economically Distressed County:** N/A

#### **VII. Review, Authorize, and Submit**

The eGrants system will require you to review and verify your entire application before submitting it to the GOSV (called Prime Applicant in eGrants), by completing the following steps:

- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

Read the Authorization, Assurances, and Certifications carefully, and complete each section. The person who authorizes the application must be the applicant's authorized representative or

his/her designee and must have an active eGrants account to sign these documents electronically. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office. Be sure to check your entire application to make sure that there are no errors before submitting it. EGrants will also generate a list of errors if there are sections that need to be corrected prior to submission when you verify the application.

If someone else is acting in the role of the applicant's authorized representative, that person must log into their eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, his/her name will override any that may appear and show on the application as the authorized representative.

### **VIII. Survey on Ensuring Equal Opportunity for Applicants (Optional)**

The Corporation and other federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives to conduct a survey of organizations that apply for federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to the Corporation for funds, such as number of employees, budget size, and self-identification as a faith-based/religious organization or a non-religious community-based organization.

This form is for applicants that are nonprofit private organizations, not including private universities. All information from the attached survey will be confidential and the responses will be aggregated for a summary report. Information provided on your form will not be released and will not be considered in any way in making funding decisions. If you are submitting a hard copy application, the form can be found in Attachment I.

You may complete the survey while preparing your application or after submitting your application.

1. To complete the survey while preparing your application, go to the Main Menu, select Enter Survey on Ensuring Equal Opportunity, provide requested information and submit.
2. If you submit your grant application without completing the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select Remind Me Later, you will be asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service.

***\*\*End of eGrants Submission Instructions for Planning Grant Applicants\*\****

# **AMERICORPS PROGRAM PLANNING GRANT APPLICATION INSTRUCTIONS: NARRATIVES OUTLINE**

Provide a narrative of that addresses the following elements (limit to 40,000 characters with spaces). You will enter N/A in sections in the eGrants narratives that do not apply to planning grant applicants.

## **I. Rationale and Approach**

- A. Describe why you are applying for a planning grant and what you hope to achieve during the one-year planning period.
- B. Include the community need you plan to address and documentation of the need.
- C. Describe how AmeriCorps members may help you address the community need, and the target communities you will serve.
- D. Provide a detailed description of your planning process and a timeline for planning activities.
- E. Describe how you will use the planning period to develop your capacity to effectively manage an AmeriCorps program including:
  - Establishing systems and processes for sound programmatic and fiscal oversight.
  - Creating a process for selecting operating and service sites (if applicable) that will ensure the most appropriate and capable organizations are selected.
  - Planning orientation and training for operating and service sites (if applicable).
  - Planning orientation and training for AmeriCorps members.
  - Ensuring you have the ability to provide or secure effective technical assistance.

## **II. Member Outputs and Outcomes – N/A**

## **III. Community Outputs and Outcomes – N/A**

## **IV. Organizational Capability**

- A. Provide a brief history of your organization including the year it was established and your funding history with the Corporation, if applicable.
- B. Unless your organization is brand new, describe your record of accomplishment.
- C. Discuss your prior experience in the proposed area of programming and other examples of your organization's leadership in the community.
- D. Describe your organization's management and staff structure and the role the board of directors, administrators, and staff members will play in the planning process.
- E. Special Circumstances: In applying these criteria to each proposal, reviewers may also take into account the following circumstances of individual organizations:
  - The age of your organization and its rate of growth; and
  - Whether your organization serves a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of philanthropic and corporate resources.

If you feel that any of these circumstances have an impact on your organizational capability that has not already been discussed, please describe it.

**V. Cost Effectiveness and Budget Adequacy**

Describe your plans to develop a cost-effective program including how you will develop diverse non-federal resources that will support your program implementation and sustainability.

Discuss the adequacy of your budget to support the planning process including your 24% or more commitments of match (cash and in-kind) you have for the planning process, and how you will secure any additional commitments you need for the planning grant.

## ATTACHMENT A: CNCS SELECTION CRITERIA

The selection criteria from the AmeriCorps Regulations are included in the ruled boxes below.

### **I. Rationale and Approach**

#### ***CNCS Criteria***

##### **§ 2522. 425 What does the Corporation consider in assessing Program Design? (50%)**

In determining the quality of your proposal's program design, the Corporation considers your rationale and approach for the proposed program, member outputs and outcomes, and community outputs and outcomes.

(a) *Rationale and approach (10%)*. In evaluating your rationale and approach, the Corporation considers the following criteria:

- (1) Whether your proposal describes and adequately documents a compelling need within the target community, including a description of how you identified the need;
- (2) Whether your proposal includes well-designed activities that address the compelling need, with ambitious performance measures, and a plan or system for continuous program self-assessment and improvement;
- (3) Whether your proposal describes well-defined roles for participants that are aligned with the identified needs and that lead to measurable outputs and outcomes; and
- (4) The extent to which your proposed program or project:
  - (i) Effectively involves the target community in planning and implementation;
  - (ii) Builds on (without duplicating), or reflects collaboration with, other national and community service programs supported by the Corporation; and
  - (iii) is designed to be replicated.

### **II. AmeriCorps Member Outputs and Outcomes**

#### ***CNCS Criteria***

(b) *Member outputs and outcomes (20%)*. In evaluating how your proposal addresses member outputs and outcomes, the Corporation considers the extent to which your proposal or program:

- (1) Includes effective and feasible plans for, or evidence of, recruiting, managing, and rewarding diverse members, including those from the target community, and demonstrating member satisfaction;
- (2) If you are a current grantee, has succeeded in meeting reasonable member enrollment and retention targets in prior grant periods, as determined by the Corporation;
- (3) Includes effective and feasible plans for, or evidence of, developing, training, and supervising members;
- (4) Demonstrates well-designed training or service activities that promote and sustain post-service, an ethic of service and civic responsibility, including structured opportunities for members to reflect on and learn from their service; and
- (5) If you are a current grantee, has met well-defined, performance measures regarding AmeriCorps members, including any applicable national performance measures, and including outputs and outcomes.

### **III. Community Outputs and Outcomes**

#### ***CNCS Criteria***

(c) *Community outputs and outcomes (20%)*. In evaluating whether your proposal adequately addresses community outputs and outcomes, the Corporation considers the extent to which your proposal or program:

(1) Is successful in meeting targeted, compelling community needs, or if you are a current grantee, the extent to which your program has met its well-defined, community-based performance measures, including any applicable national performance measures, and including outputs and outcomes, in previous grant cycles, and is continually expanding and increasing its reach and impact in the community;

(2) Has an impact in the community that is sustainable beyond the presence of Federal support (For example, if one of your projects is to revitalize a local park, you would meet this criterion by showing that after you have completed your revitalization project, the community will continue its upkeep on its own);

(3) Generates and supports volunteers to expand the reach of your program in the community; and

(4) Enhances capacity-building of other organizations and institutions important to the community, such as schools, homeland security organizations, neighborhood watch organizations, civic associations, and community organizations, including faith-based organizations.

### **IV. Organizational Capability**

#### ***CNCS Criteria***

##### **§ 2522.430 How does the Corporation assess my organizational capability? (25%)**

(a) In evaluating your organizational capability, the Corporation considers the following:

(1) The extent to which your organization has a sound structure including:

(i) The ability to provide sound programmatic and fiscal oversight;

(ii) Well-defined roles for your board of directors, administrators, and staff;

(iii) A well-designed plan or systems for organizational (as opposed to program) self-assessment and continuous improvement; and

(iv) The ability to provide or secure effective technical assistance.

(2) Whether your organization has a sound record of accomplishment as an organization, including the extent to which you:

(i) Generate and support diverse volunteers who increase your organization's capacity;

(ii) Demonstrate leadership within the organization and the community served; and

(iii) If you are an existing grantee, you have secured the matching resources as reflected in your prior grant awards;

(3) The extent to which you are securing community support that recurs, expands in scope, or increases in amount, and is more diverse, as evidenced by—

(i) Collaborations that increase the quality and reach of service and include well-defined roles for faith-based and other community organizations;

(ii) Local financial and in-kind contributions; and

(iii) Supporters who represent a wide range of community stakeholders.

(b) In applying the criteria in paragraph (a) of this section to each proposal, the Corporation may take into account the following circumstances of individual organizations:

- (1) The age of your organization and its rate of growth; and
- (2) Whether your organization serves a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of philanthropic and corporate resources.

## **V. Cost Effectiveness and Budget Adequacy**

### ***CNCS Criteria***

#### **§ 2522.435 How does the Corporation evaluate the cost-effectiveness and budget adequacy of my program? (25%)**

(a) In evaluating the cost-effectiveness (15%) and budget adequacy (10%) of your proposed program, the Corporation considers the following:

- (1) Whether your program is cost-effective based on:
    - (i) Your program's proposed Corporation cost per MSY, as defined in §2522.485; and
    - (ii) Other indicators of cost-effectiveness, such as:
      - (A) The extent to which your program demonstrates diverse non-federal resources for program implementation and sustainability;
      - (B) If you are a current grantee, the extent to which you are increasing your share of costs to meet or exceed program goals; or
      - (C) If you are a current grantee, the extent to which you are proposing deeper impact or broader reach without a commensurate increase in Federal costs; and
  - (2) Whether your budget is adequate to support your program design.
- (b) In applying the cost-effectiveness criteria in paragraph (a) of this section, the Corporation will take into account the following circumstances of individual programs:
- (1) Program age, or the extent to which your program brings on new sites;
  - (2) Whether your program or project is located in a resource-poor community, such as a rural or remote community, a community with a high poverty rate, or a community with a scarcity of corporate or philanthropic resources;
  - (3) Whether your program or project is located in a high-cost, economically distressed community, measured by applying appropriate Federal and State data; and
  - (4) Whether the reasonable and necessary costs of your program or project are higher because they are associated with engaging or serving difficult-to-reach populations, or achieving greater program impact as evidenced through performance measures and program evaluation.
- (c) The indicators in paragraphs (a)(1)(i) and (a)(1)(ii)(B) of this section do not apply to Education Award Program applicants.



# ATTACHMENT B: FACESHEET INSTRUCTIONS (eGrants Applicant Info and Application Info Sections)

Modified Standard Form 424 (Rev. 11/02 to conform to the Corporation's eGrants system)

This form is required for applications submitted for federal assistance.

**Item #**

1. Filled in for your convenience.
2. Self-explanatory.
3. 3. a. and 3. b. are for state use only (if applicable).
4. Item 4. a: Leave blank.  
Item 4. b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.
5. Enter the following information:
  - a. The complete name of the organization that will be legally responsible for the grant, not the name of the organizational unit within the legally responsible organization. (For example, indicate "National University" instead of "Liberal Arts Department.")
  - b. Your organization's DUNS number (received from Dun and Bradstreet). **This is a required field. Please see the Notice for instructions on how to obtain a DUNS number.**
  - c. The name of the primary organizational unit that will undertake the assistance activity, if different from 5. a.
  - d. Your organization's complete address with the 9 digit ZIP+ 4 code.
  - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7. a.: Enter the appropriate letter in the box.  
Item 7. b.: Please enter the characteristic(s) that best describe your organization.

**K-12 Education**

- 1 School (K-12)
- 2 Local Education Agency
- 3 State Education Agency

**Higher Education**

- 4 Vocational/Technical College
- 5 Community College
- 6 2-year College
- 7 4-year College
- 8 Hispanic Serving College or University
- 9 Historically Black College or University
- 10 Tribally Controlled College or University

**Government**

- 23 Local Government-Municipal
- 24 Health Department
- 25 Law Enforcement Agency
- 26 Governor's Office
- 27 State Commission/Alternative Administrative Entity

**Non-Profit Organizations**

- 11 Community-Based Organization
- 12 Faith-Based Organization
- 13 Chamber of Commerce/ Business Association
- 14 Community Action Agency/ Program
- 15 Service/Civic Organization
- 16 Volunteer Management Organization
- 17 Self-Incorporated Senior Corps Project
- 18 Statewide Association
- 19 National Non-Profit (Multistate)
- 20 Local Affiliate of National Organization
- 21 Tribal Organization (Non-government)
- 22 Other Native American Organization

- 28 Other State Government
- 29 Tribal Government Entity
- 30 Area Agency on Aging
- 31 U.S. Territory

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:

- Check “New” if your organization has never had an AmeriCorps State or National grant before; this also applies to planning grant applications.
- Check “New Application/Previous Grantee” if your organization has had an AmeriCorps State or National grant in the past and the application is for a new grant.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

- A. Select “Augmentation” if you are an AmeriCorps State or National grantee submitting a revised budget to incorporate a Corporation-authorized increase.
  - B. Select “Budget Revision” to make a change in the grant budget, including slots.
  - C. Select “No-cost Extension” to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
  - D. Select “Other,” as applicable, and specify in the blank provided.
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
- a. When applying for funding for an existing grantee, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged). For planning grant applicants, the title should be PLANNING GRANT <insert Your Organization’s Name>.
  - b. Enter the name of the Corporation’s program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (See item 8) “New” application or “New application/previous grantee.” Enter the dates for the proposed project period (no earlier than 9/1/10). Planning grant applicants enter: 9/15/10 – 8/31/11.

Performance Period: this appears only in eGrants, and is for the use of staff only.

14. Leave blank, staff use only.
15. Estimated Funding. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed during this budget period on each appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.

- a. **Federal**            The total amount of federal funds being requested in the budget.
- b. **Applicant**        The total amount of the applicant share as entered in the budget.
- c. **State**             The amount of the applicant share that is coming from state sources.

- d. Local**            The amount of the applicant share that is coming from local governmental sources (e.g., city, county and other municipal sources).
- e. Other**            The amount of the applicant share that is coming from non-governmental sources.
- f. Program Income**    The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program).
- g. Total**            The applicant's estimate of the total funding amount for the agreement.

- 16.    Pre-filled for your convenience. This program is excluded from coverage by State Executive Order 12372.
- 17.    Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
- 18.    The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

**Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001).**

# APPLICATION FOR FEDERAL ASSISTANCE

Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

## 1. TYPE OF SUBMISSION:

☒ Application ☒ Non-Construction

2. a. DATE SUBMITTED:

3. a. DATE RECEIVED BY STATE:

3. b. STATE APPLICATION IDENTIFIER:

2. b. APPLICATION IDENTIFIER:

4. a. DATE RECEIVED BY FEDERAL AGENCY:

4. b. FEDERAL IDENTIFIER: (Staff Only)

## 5. APPLICANT INFORMATION

5. a. LEGAL NAME:

5. b. ORGANIZATIONAL DUNS:

5. c. ORGANIZATIONAL UNIT (DEPARTMENT/DIVISION):

5. d. ADDRESS (give street address, city, county, state and zip code):

STREET:

CITY: COUNTY:

STATE: COUNTRY:

5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code):

NAME:

TELEPHONE NUMBER: ( ) -

FAX NUMBER: ( ) - EMAIL:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

## 8. TYPE OF APPLICATION

☐ NEW ☐ NEW/PREVIOUS GRANTEE  
☐ CONTINUATION ☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION:

C. NO COST EXTENSION to (enter date)

E. OTHER (specify below)

7. a. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School District ☐  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Private Non-Profit Organization  
O. Federal Government P. HQ Internal Organizations  
Q. State Education Agency R. Territory  
S. Other (specify) \_\_\_\_\_

7. b. CNCS APPLICANT CHARACTERISTICS Enter appropriate codes:

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):

11. b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: ENDING DATE:

14. Performance Period (Staff Use Only)

15. ESTIMATED FUNDING: Check applicable box: Yr 1: ☐ Yr. 2: ☐ Yr. 3: ☐

a. FEDERAL \$

b. APPLICANT \$

c. STATE \$

d. LOCAL \$

e. OTHER \$

f. PROGRAM INCOME \$

g. TOTAL \$

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE \_\_\_\_\_

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☐ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

b. TITLE:

c. TELEPHONE NUMBER:

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

## ATTACHMENT C: PROGRAM MODEL, DESIGN, LOCATION, AND FOCUS (eGrants Applicant Info Section)

### SECTION I: PROGRAM MODEL

**Directions: Choose one primary and one secondary program model, if applicable.**

Section I: Project Models (select one for primary and another for secondary)		
	<b>Youth Corps</b>	A full-time year-round youth corps program or full-time summer youth corps program, such as a conservation corps or youth service corps that undertakes meaningful service projects with visible public benefits; includes as participants youths and young adults between the ages of 16 and 25 inclusive, including out-of-school youths and other disadvantaged youths.
	<b>Community Corps</b>	A community corps program that meets unmet human, educational, environmental, or public safety needs and promotes greater community unity through the use of organized teams of participants of varied social and economic backgrounds, skill levels, physical and developmental capabilities, ages, ethnic backgrounds, or genders.
	<b>Campus-based Model</b>	A campus-based program that is designed to provide substantial service in a community during the school term and during summer or other vacation periods through the use of students who are attending an institution of higher education.
	<b>Pre-Professional Corps</b>	A pre-professional training program in which students enrolled in an institution of higher education receive training in specified fields, which may include classes containing service-learning; perform service related to such training outside the classroom during the school term and during summer and other vacation periods; and agree to provide service upon graduation to meet unmet human, educational, environmental, or public safety needs related to such training.
	<b>Professional Corps</b>	A professional corps program that recruits and places qualified participants to meet unmet human, educational, environmental, or public safety needs in communities with an inadequate number of such professionals.
	<b>Entrepreneur Corps</b>	A national service entrepreneur program that identifies, recruits, and trains gifted young adults of all backgrounds and assists them in designing solutions to community problems.
	<b>Intergenerational Program</b>	An intergenerational program that combines students, out-of-school youths, and older adults as participants to provide needed community services, including an intergenerational component for other national service programs described in this subsection.
	<b>Service-Learning Program</b>	A program that provides specialized training to individuals in service-learning and places the individuals after such training in positions, including positions as service-learning coordinators to facilitate service-learning in programs eligible for funding under Learn and Serve America School-Based and Community-Based Grants.
	<b>Rural Corps</b>	A program designed to meet the needs of rural communities, using teams or individual placements to address the development needs of rural communities and to combat rural poverty, including health care, education, and job training.

	<b>Hunger Elimination Program</b>	A program that seeks to eliminate hunger in communities and rural areas through service in projects involving food banks, food pantries, and nonprofit organizations that provide food during emergencies.
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## SECTION II: PROGRAM DESIGN

**Directions: Choose one or more project designs.**

Section II: Program Design		
	<b>Team-Based</b>	A program where members regularly function as a team during the service week.
	<b>Individual Placement /Scattered Site</b>	A program that places one or two members at sites in a variety of locations.
	<b>Intermediary Organization</b>	Intermediary organizations provide the mechanism by which a number of community or faith-based organizations or grassroots groups may access AmeriCorps and other Corporation resources. We define intermediaries as national, regional, state, or local organizations that agree to provide the technical and financial support to assist community or faith-based organizations that do not have the capacity to perform these functions. Intermediaries serve as the legal applicant for a Corporation grant, thereby ensuring that the systems to manage a federal grant are in place.
	<b>Statewide Initiative</b>	A program that operates throughout the state and may or may not have a single issue focus.

## SECTION III: PROGRAM LOCATION

**Directions: Please enter your program's location information.**

Geography (please check one)		
	<b>Urban</b>	A program designed to meet the needs of urban communities.
	<b>Rural</b>	A program designed to meet the needs of rural communities.
	<b>Both</b>	A program designed to meet the needs of both urban and rural communities.
		<b>Areas of Need Identification: Check all that apply (optional)</b>
	<b>Areas Affected by Military Downsizing</b>	Areas adversely impacted by reductions in defense spending or the closure or realignment of military installations.
	<b>Empowerment Zones or Redevelopment Areas</b>	Communities designated as empowerment zones or redevelopment areas that are targeted for special economic incentives, or otherwise identifiable as having high concentrations of low-income people.
	<b>Environmentally Distressed Areas</b>	Areas that are environmentally distressed.
	<b>Areas Affected by Management of Federal Lands</b>	Areas adversely affected by federal actions related to the management of federal lands that result in significant regional job losses and economic dislocation.
	<b>Areas with High Unemployment</b>	Areas that have an unemployment rate greater than the national average unemployment for the most recent 12 months for which satisfactory

Geography (please check one)		
	<b>Rates</b>	data are available.

#### SECTION IV: PROGRAM FOCUS

**Directions: Choose one or more program focus areas from below.**

Section IV: Program Focus					
	African American community		Pre-school Children		At-Risk Youth
	Asian American community		K-12 Students		Children of Prisoners
	Latin American community		Young Adults (17-24)		Foster Children
	Native American community		College Students		
	Families/Parents		Incarcerated Individuals and Ex-Offenders		Seniors
	Homeless		Low-Income Community		Unemployed
	Homeless Veterans		Low-Income Housing Residents		Veterans
	Immigrants		Mentally/Physically Challenged		Victims/Potential Victims of Crime
			Persons with HIV/AIDS		
	Asset Accumulation	Community and faith-based organizations that conduct activities that empower the poor through asset accumulation programs including home ownership, individual development accounts, and financial literacy.			
	Strengthening Families	Community and faith-based organizations that conduct activities that strengthen families to break the intergenerational cycle of poverty.			

## ATTACHMENT D: ISSUE AREAS AND SERVICE CATEGORIES (eGrants Performance Measures Section)

In this section you will select service categories that describe your program activities. First select an issue area, and then choose one or more service categories. When you have selected all applicable service categories, indicate which service category is the primary one by entering a 1 next to the check box, and which is the secondary by entering a 2 next to the checkbox. Only one service category can be indicated as the primary, and one as the secondary.

### Issue Areas and Service Categories (Issue Areas in Bold)

☐ **Community and Economic Development**

- ☐ Community-based Volunteer Programs
- ☐ Community Revitalization/Improvement
- ☐ Consumer Education
- ☐ Cooperatives/Credit Unions
- ☐ Food Production/Community Gardens/Farming
- ☐ Job Development/Placement
- ☐ Management Consulting
- ☐ Micro Enterprise
- ☐ Other Economic and Community Development
- ☐ Public Safety
- ☐ Regional/State/City Planning
- ☐ Small/Minority Business Development
- ☐ Social Services Planning & Delivery Systems/Community Organization
- ☐ Tax Counseling/Counseling
- ☐ Technology Access
- ☐ Thrift Store
- ☐ Transportation Services
- ☐ Welfare to Work

☐ **Disaster Recovery/Relief**

- ☐ Disaster Mitigation
- ☐ Disaster Preparedness
- ☐ Disaster Recovery
- ☐ Disaster Response
- ☐ Other Disaster

☐ **Education**

- ☐ Adult Education and Literacy
- ☐ After School Programs
- ☐ America Reads
- ☐ Computer Literacy
- ☐ Cultural Heritage
- ☐ ESL
- ☐ Elementary Education
- ☐ GED/Dropouts
- ☐ Head Start/School Preparedness
- ☐ Job Preparedness/School to Work
- ☐ Library Services
- ☐ Other Education

☐ Pre-Elementary Day Care

- ☐ Secondary Education
- ☐ Service-Learning
- ☐ Special Education
- ☐ Tutoring & Child Literacy—Elementary
- ☐ Tutoring & Child Literacy—High School
- ☐ Tutoring & Child Literacy—Middle School
- ☐ Vocational Education
- ☐ Youth Leadership/Development

☐ **Environment**

- ☐ Clean Air
- ☐ Clean and Safe Water
- ☐ Community Restoration/Clean Up
- ☐ Energy Conservation
- ☐ Environmental Awareness
- ☐ Indoor Environment
- ☐ Other Environment
- ☐ Toxic Waste Management
- ☐ Waste Reduction, Management, and Recycling
- ☐ Wildlife, Land & Vegetation Protection or Restoration

☐ **Health/Nutrition**

- ☐ Boarder Babies
- ☐ CHIOS/SCHIPS
- ☐ Congregate Meals
- ☐ Delivery of Health Services
- ☐ Food Distribution/Collection
- ☐ HIV/AIDS
- ☐ Health Education
- ☐ Health Screening
- ☐ Hospice/Terminally Ill
- ☐ Immunization
- ☐ In-Home Care
- ☐ Maternal/Child Health Services
- ☐ Mental Health
- ☐ Mental Retardation
- ☐ Other Health/Nutrition
- ☐ Physical Disabilities Programs
- ☐ Substance Abuse



☐ **Homeland Security**

- ☐ Disaster Preparedness/Relief
- ☐ Public Health
- ☐ Other Homeland Security
- ☐ Public Safety

☐ **Human Needs**

- ☐ Adoption
- ☐ Adult Day Care/Senior Center
- ☐ Companionship/Outreach
- ☐ Crisis Intervention
- ☐ Intensive Mentoring (at least 1 hour weekly for at least 9 months)
- ☐ Mentoring
- ☐ Other Human Needs
- ☐ Respite
- ☐ Senior Center Program (Non Residential)
- ☐ Senior Citizen Assistance
- ☐ Teen Pregnancy/Abstinence/Parent Support

☐ **Housing**

- ☐ Home Management Support/Education
- ☐ Homeless
- ☐ Housing Referrals/Relocation/Other
- ☐ Housing Rehabilitation/Construction

- ☐ Independent Living—Disabled

- ☐ Independent Living—Seniors

- ☐ Other Housing

- ☐ Tenant Organizing

- ☐ Transitional Housing

☐ **Public Safety**

- ☐ Adult Offender/Ex-Offender Services/Rehabilitation
- ☐ Child Abuse/Neglect
- ☐ Children & Youth Safety Programs
- ☐ Community Policing/Community Patrol
- ☐ Conflict Resolution/Mediation
- ☐ Crime Awareness/Crime Avoidance
- ☐ Elder Abuse/Neglect
- ☐ Family Violence
- ☐ Improvement of Household Security
- ☐ Juvenile Justice, Delinquency, Gangs
- ☐ Legal Assistance
- ☐ Neighborhood Watch/Block Watch
- ☐ Other Public Safety
- ☐ Safe Havens
- ☐ Safety/Fire Prevention/Accident Prevention
- ☐ Sexual Abuse/Rape
- ☐ Victim/Witness Assistance

## ATTACHMENT E: PERFORMANCE MEASURE WORKSHEET (eGrants Performance Measures Section)

Please fill in the performance measure information for each section.
<b>General Info</b>
Performance Measurement Title:
Measure Category (choose one): <div style="margin-left: 20px;">Needs and Service Activities</div> <div style="margin-left: 20px;">Participant Development</div> <div style="margin-left: 20px;">Strengthening Communities</div>
Service Category addressed by this Performance Measure Worksheet (see Attachment D, Service Categories):
<b>Needs and Activities</b>
Briefly describe the need to be addressed (1-3 sentences):
Briefly describe how you will achieve this result (1-3 sentences):
How many AmeriCorps members will be participating in this activity?
How many days per week (on average) will this activity occur?
How many hours per day (on average) will this activity occur?
When does this activity begin?
When does this activity end?
<b>Results</b>
The outputs and outcomes you intend to track for a particular activity:
<b>Result Type</b>
<b>Outputs</b> are counts of the amount of service members or volunteers have completed, but do not provide information on benefits to or other changes in the lives of members and/or beneficiaries.
<b>Intermediate-outcomes</b> specify changes that have occurred in the lives of members and/or beneficiaries, but are short of a significant benefit for them.
<b>Result: Output</b>
<b>Result Statement:</b> 1-2 sentences stating the expected result.
<b>Indicator:</b> A specific, measurable item of information that specifies progress toward achieving a result.  Indicator:

Other Indicator:
<b>Targets</b>
Target Description:
# (number) or % (percent):
<b>Instruments:</b> Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).
<b>Result: Intermediate Outcome</b>
<b>Result Statement:</b> 1-2 sentences stating the expected result.
<b>Indicator:</b> A specific, measurable item of information that specifies progress toward achieving a result.  Indicator:
Other Indicator:
<b>Targets</b>
Target Description:
# (number) or % (percent):
<b>Instruments:</b> Specific tool to collect information (e.g. behavior checklist, tally sheet, attitude questionnaire, interview protocol).

## **ATTACHMENT F: ASSURANCES AND CERTIFICATIONS (eGrants Review, Authorize, and Submit Section)**

### **Instructions**

**By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.**

**a) Inability to certify**

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

**b) Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**c) Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**d) Definitions**

The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

**e) Assurance requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

**f) Assurance inclusion in subgrant agreements**

You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

**g) Assurance of subgrant principals**

You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

**h) Non-assurance in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**i) Prudent person standard**

Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## ASSURANCES

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that the applicant:

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a and 276a-77), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

### **For AmeriCorps State/National Applicants ONLY:**

*If you are not applying for a grant through AmeriCorps, you may skip this section.*

- Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
- Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-Corporation funds or paid with Corporation funds but employed with the organization operating the project prior to or on the date the grant was awarded. If your organization is a faith-based organization that makes hiring decisions on the basis of religious belief, your organization may be entitled, under the Religious Freedom Restoration Act, 42 U.S.C. § 2000bb, to receive federal funds and yet maintain that hiring practice, even though the national service legislation includes a restriction on religious discrimination in employment of staff hired to work on a Corporation-funded project and paid with Corporation grant funds. (42 U.S.C. §§ 5057(c) and 12635(c)). For the circumstances under which this may occur, please see the document “Effect of the Religious Freedom Restoration Act on Faith-Based Applicants for Grants” on the Corporation’s website at: <http://www.usdoj.gov/archive/fbci/effect-rfra.pdf>.
- Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served, the municipality and government of the county (if appropriate) in which the community is located, and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;
- Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA;
- Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the State Commission for the state in which the program operates.
- Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;

- Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the National and Community Service Act of 1990, and in the Corporation's regulations at § 2540.100;
- Will comply with the grievance procedure requirements as set out in section 176(f) of the National and Community Service Act of 1990 and in the Corporation's regulations at 45 CFR § 2540.230;
- Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform;
- Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;
- Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the National and Community Service Act of 1990 or, with the approval of the Corporation, conduct an internal evaluation of the program;
- Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program's impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by the Corporation;
- Will ensure the provision of a living allowance and other benefits to participants as required by the Corporation;
- Has not violated a Federal criminal statute;
- If a state applicant, will ensure that the State subgrants will be used to support national service programs selected by the State on a competitive basis;
- If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;
- If a state applicant, will ensure that not less than 60% of the assistance will be used to make grants to support national service programs other than those carried out by a State agency, unless the Corporation approves otherwise.

## ***CERTIFICATIONS***

### **Certification – Debarment, Suspension, and Other Responsibility Matters**

This certification is required by the government-wide regulations implementing Executive Order 12549, Debarment and Suspension, 2 CFR Part 180, Section 180.335, *What information must I provide before entering into a covered transaction with a Federal agency?*

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor its principals:

- Is presently excluded or disqualified;
- Has been convicted within the preceding three years of any of the offenses listed in § 180.800(a) or had a civil judgment rendered against it for one of those offenses within that time period;
- Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission or any of the offenses listed in § 180.800(a); or
- Has had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

### **Certification – Drug Free Workplace**

This certification is required by the Corporation's regulations implementing sections 5150-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690), 45 CFR Part 2545, Subpart B. The regulations require certification by grantees, prior to award, that they will make a good faith effort, on a continuing basis, to maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 45 CFR Part 2542, Subparts G and H).

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief that the grantee will provide a drug-free workplace by:

- A. Publishing a drug-free workplace statement that:
  - a. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace;
  - b. Specifies the actions that the grantee will take against employees for violating that prohibition; and
  - c. Informs employees that, as a condition of employment under any award, each employee will abide by the terms of the statement and notify the grantee in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace within five days of the conviction;
- B. Requiring that a copy of the statement described in paragraph (A) be given to each employee who will be engaged in the performance of any Federal award;
- C. Establishing a drug-free awareness program to inform employees about:
  - a. The dangers of drug abuse in the workplace;
  - b. The grantee's policy of maintaining a drug-free workplace;
  - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
  - d. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;
- D. Providing us, as well as any other Federal agency on whose award the convicted employee was working, with written notification within 10 calendar days of learning that an employee has been convicted of a drug violation in the workplace;
- E. Taking one of the following actions within 30 calendar days of learning that an employee has been convicted of a drug violation in the workplace:
  - a. Taking appropriate personnel action against the employee, up to and including termination; or
  - b. Requiring that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- F. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (E).



**Certification - Lobbying Activities**

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal contract, grant, loan, or cooperative agreement;
- If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the applicant will submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- The applicant will require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

**Certification - Grant Review Process (State Commissions Only)**

I certify that in conducting our review process, we have ensured compliance with the National and Community Service Act of 1990, the Corporation's peer review requirements, and all state laws and conflict of interest rules.

**For AmeriCorps State and National Direct Applicants ONLY:**

*If you are not applying for a grant through AmeriCorps, skip this section.*

**Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**Definitions**

The terms "debarment", "suspension", "excluded", "disqualified", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded" as used in this document have the meanings set out in 2 CFR Part 180, subpart I, "Definitions." A transaction shall be considered a "covered transaction" if it meets the definition in 2 CFR part 180 subpart B, "Covered Transactions."

**Assurance requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

**Assurance inclusion in subgrant agreements**

You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

**Assurance of subgrant principals**

You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

**Non-assurance in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**Prudent person standard**

Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## SIGNATURE PAGE

### **ASSURANCES:**

---

By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

**Organization Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:**

\_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **CERTIFICATIONS:**

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By signing this certifications page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three certifications are:

- Certification: Debarment, Suspension and Other Responsibility Matters
- Certification: Drug-Free Workplace
- Certification: Lobbying Activities

**Organization Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:**

\_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## ATTACHMENT G: BUDGET WORKSHEET (eGrants Budget Section)

Budget calculations must be presented in the formats below (required formats shown in *bold italics*). Several examples are included for reference only; for more examples, refer to the sample AmeriCorps program budget provided at [www.gosv.state.md.us](http://www.gosv.state.md.us).

### Section I. Program Operating Costs

#### A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Totals						

#### B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
	<i>Fringe percentage x salary total</i>			
Totals				

#### C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
	<i>Total number of miles x mileage reimbursement rate x number of staff</i>			
Totals				

#### C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
	<i>Total number of miles x mileage reimbursement rate x number of AmeriCorps members</i>			
Totals				

#### D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
Totals					

**E. Supplies**

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
<i>Example: Office supplies – general use</i>	<i>Average amount per month x 12 months: \$50/month x 12 months</i>	<i>\$600</i>		
Totals				

**F. Contractual and Consultant Services**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
<i>Example: Consultant (strategic planning)</i>	<i>Daily rate x total number of days of work/contract (for year): \$500/day x 10 days</i>		<i>\$5,000</i>		
Totals					

**G.1. Staff Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
	<i>Total amount x number of staff</i>				
Totals					

**G.2. Member Training**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
<i>Example: member training manual</i>	<i>Total cost per item x number of items needed (for year): \$15/manual x 30 manuals (for 30 AmeriCorps members)</i>		<i>\$450</i>		
Totals					

**H. Evaluation**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

**I. Other Program Operating Costs (criminal background checks for all members are required)**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
<i>Example: criminal background checks for AmeriCorps members</i>	<i>Cost per item x number of items needed (for year): \$40/check x 30 checks (for 30 members)</i>		<i>\$1,200</i>		
Totals					

Subtotal Section I:	Total Amount	CNCS Share	Grantee Share

**Section II. Member Costs**

**A. Living Allowance**

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1,700 hrs)						
Half Time (900 hrs)						
1 <sup>st</sup> Year of 2-Year Half Time						
2 <sup>nd</sup> Year of 2-Year Half Time						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
Totals						

**B. Member Support Costs**

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
	<i>Cost per item x total number of members</i>				
Totals					

Subtotal Section II:	Total Amount	CNCS Share	Grantee Share
Subtotal Sections I + II:			

### Section III. Administrative/Indirect Costs

#### A. Corporation Fixed Percentage Method

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Corporation Fixed Amount:				
Commission Fixed Amount:				
Totals				

#### B. Federally Approved Indirect Cost Rate Method

Cost Type	Cost Basis	Calculation	Rate	Rate Claimed	Total Amount	CNCS Share	Grantee Share

Total Sections I + II + III:	Total Amount	CNCS Share	Grantee Share

Budget Total: Validate this budget in eGrants. Required Match Percentages:	Total Amount	CNCS Share	Grantee Share

## ATTACHMENT H: BUDGET CHECKLIST

Below is a checklist to help you make certain that you submit an accurate budget narrative that meets AmeriCorps requirements.

In Compliance?	Section I. Program Operating Costs
Yes ___ No ___	Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff that recruit, train, place, or supervise members as well as manage the project.
Yes ___ No ___	Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Section III) of the budget? Examples of administrative costs include central management and support functions.
Yes ___ No ___	Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes ___ No ___	Brief position descriptions are provided for each staff member listed in the budget?
Yes ___ No ___	All positions in the budget are fully described in the narrative?
Yes ___ No ___	The types of fringe benefits to be covered and the costs of benefit(s) for each staff position are described? Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If the fringe amount is over 30%, please list separately. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes ___ No ___	Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but are absorbed into the personnel expenses (salary) budget line item?
Yes ___ No ___	The purpose for all staff and member travel is clearly identified?
Yes ___ No ___	You have budgeted funds for staff travel to CNCS sponsored meetings in the budget narrative?
Yes ___ No ___	Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget?
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$5,000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	All single supply items over \$1,000 per unit are specifically listed?
Yes ___ No ___	You only charged to the federal share of the budget member service gear, with the exception of safety equipment, that includes the AmeriCorps logo?
Yes ___ No ___	Are all consultant services budgeted below the maximum federal daily rate of \$617/day? Is the daily rate noted in all sections of the budget narrative where consultants are proposed?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Have you provided budgeted costs for background checks of members and grant-funded staff that are in covered positions per 45 CFR 2522.205?
Yes ___ No ___	Are all items in the budget narrative itemized and the purpose of the funds justified?



<b>In Compliance?</b>	<b>Section II. Member Costs</b>
Yes ___ No ___	Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance as indicated in the chart in the budget instructions. Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement.
Yes ___ No ___	Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. Divide the distribution in equal increments that are not based on the specified number of hours served.
Yes ___ No ___	Is FICA calculated correctly? You must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, calculate FICA at 7.65% of the total amount of the living allowance.
Yes ___ No ___	Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Check with your local State Department of Labor or State Commission to determine whether or not you are required to pay worker's compensation and at what level (i.e., rate). If you are not required to pay worker's compensation, you need to provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., Death and Dismemberment coverage).
Yes ___ No ___	Health care is provided for full-time AmeriCorps members only (unless part-time serving in a full-time capacity)? If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own.

<b>In Compliance?</b>	<b>Section III. Administrative/Indirect Costs</b>
Yes ___ No ___	Applicant has chosen Option A – Corporation fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0638.
Yes ___ No ___	Applicant has chosen Option A – Corporation fixed percentage method and the maximum grantee share is at 10% or less of total budgeted funds?
Yes ___ No ___	Applicant has chosen Option B – federally approved indirect cost rate method and documentation on file? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.
Yes ___ No ___	Applicant has chosen Option B – The maximum grantee share is at 10% or less of total budgeted funds, less the 5% CNCS share?

<b>In Compliance?</b>	<b>Match</b>
Yes ___ No ___	Is the overall match being met at the required level, based on the year of funding?
Yes ___ No ___	For all matching funds, the source(s) [private, state and local, and federal], the type of contribution (cash or in-kind), and the amount (or an estimate) of match, are clearly identified in the narrative?



## ATTACHMENT I: SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB NO. 1894-0010 EXP 5/31/2009

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:** \_\_\_\_\_

**Applicant's DUNS Number:** \_\_\_\_\_

**Federal Program:** \_\_\_\_\_ **CFDA Number:** \_\_\_\_\_

1. Has the applicant ever received a grant or contract from the Federal government?

☐

Yes

☐

No

2. Is the applicant a faith-based organization?

☐

Yes

☐

No

3. Is the applicant secular organization?

☐

Yes

☐

No

4. Does the applicant have 501(c)(3) status?

☐

Yes

☐

No

5. Is the applicant a local affiliate of a national organization?

Yes ☐

No ☐

6. How many full-time equivalent employees does the applicant have? (*Check only one box.*)

☐

3 or Fewer

☐

15-50

☐

4-5

☐

51-100

☐

6-14

☐

over 100

7. What is the size of the applicant's annual budget? (*Check only one box.*)

☐

Less Than \$150,000

☐

\$150,000 - \$299,999

☐

\$300,000 - \$499,999

☐

\$500,000 - \$999,999

☐

\$1,000,000 - \$4,999,999

☐

\$5,000,000 or more

## Survey Instructions on Ensuring Equal Opportunity for Applicant

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1894-0010**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** Amy Borgstrom, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

## ATTACHMENT J: BEALE CODES AND COUNTY-LEVEL ECONOMIC DATA

### Rural Community

**Beale codes** are published by the U.S. Department of Agriculture and are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

2003 Beale Codes		
Code#	Metropolitan Type	Description
1	Metropolitan	Counties in metro areas of 1 million population or more
2	Metropolitan	Counties in metro areas of 250,000 to 1 million
3	Metropolitan	Counties in metro areas of fewer than 250,000
4	Non-metro	Urban population of 20,000 or more, adjacent to a metropolitan area
5	Non-metro	Urban population of 20,000 or more, not adjacent to a metropolitan area
6	Non-metro	Urban population of 2,500 to 19,999, adjacent to a metropolitan area
7	Non-metro	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area
8	Non-metro	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area
9	Non-metro	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area

Any program located in a county with a Beale code of 6, 7, 8, or 9 is eligible *to apply* for the alternative match.

### **Severely Economically Distressed Community**

The following table provides the website addresses where the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels can be found.

<b>WEBSITE ADDRESS</b>	<b>EXPLANATION</b>
<a href="http://www.econdata.net">www.econdata.net</a>	<b>Econdata.Net:</b> This site Links to a variety of social and economic data by states, counties and metro areas.
<a href="http://www.bea.gov/regional/">http://www.bea.gov/regional/</a>	<b>Bureau of Economic Analysis' Regional Economic Information System (REIS):</b> Provides data on per capita income by county for all states except Puerto Rico.
<a href="http://www.census.gov/hhes/www/saipe/index.html">www.census.gov/hhes/www/saipe/index.html</a>	<b>Census Bureau's Small Area Poverty Estimates:</b> Provides data on poverty and population estimates by county for all states except Puerto Rico.
<a href="http://www.census.gov/main/www/cen2000.html">www.census.gov/main/www/cen2000.html</a>	<b>Census Bureau's American Fact-finder:</b> Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.
<a href="http://www.bls.gov/lau/home.htm">www.bls.gov/lau/home.htm</a>	<b>Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):</b> Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
<a href="http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/">http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/</a>	<b>US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes):</b> Provides urban rural code for all counties in US.